

<b>Case Number:</b>	CM15-0018981		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	09/27/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female who sustained an industrial injury on 9/27/11, landing on her head and developing low back pain with radiation to her left leg with numbness. Currently she complains of chronic low back pain radiating to her hips, bilateral legs with occasional numbness; headaches and hearing loss. Medications include Norco, Topamax, Prilosec, Xanax, Neurontin, Fiorecet and Excedrin. Diagnoses are status post closed head injury; headaches; tinnitus; L4-5 and L5-S1 disc protrusion with no stenosis, moderate facet arthropathy; status post slip and fall with thoracic disc protrusion, sprain/ strain, lumbar disc protrusion sprain/ strain, degenerative disc disease, incidental noted small syrinx T8-9 and L1. Treatments to date include physical therapy, acupuncture which did not help much, medications, heating pad and epidural steroid injection which offered temporary relief. Diagnostic include MRI of the brain (9/28/11) unremarkable; MRI lumbar and thoracic spine (11/22/11) abnormal; x-ray of cervical, thoracic, lumbar spine and pelvis (6/18/13). Progress note dated 12/12/14 indicates a request for sacroiliac blocks as the treating provider feels this is the main source of her pain. On 1/6/15 Utilization Review non-certified the request for sacroiliac blocks citing ODG: Hip and Pelvis Chapter: Sacroiliac Blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Sacroiliac blocks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Hip and Pelvis chapter, Sacroiliac Joint Blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis Chapter: Sacroiliac Blocks

**Decision rationale:** Sacroiliac Blocks is not medically necessary. The MTUS does not make recommendations on sacroiliac joint injections. The ODG chapter on low back pain recommends sacroiliac joint blocks as an option if 4-6 weeks of aggressive conservative therapy has failed and if at least 70% reduction in pain for greater than 6 weeks with previous injections. The reviewed record notes pain radiating to the bilateral hips and legs. Radicular pain has not been effectively ruled out; therefore, the requested procedure is not medically necessary.