

<b>Case Number:</b>	CM15-0114419		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/04/2000
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 male, who sustained an industrial injury on 9/04/2000. Diagnoses include lumbar disc displacement, low back pain, lumbar radiculopathy, post laminectomy syndrome lumbar region and sacroiliitis. Treatment to date has included epidural steroid injections, ice, heat, medications including NSAIDs and narcotics, back surgery x 3, physical therapy, and spinal cord stimulator implant (2005). Per the Primary Treating Physician's Progress Report dated 4/29/2015, the injured worker reported pain in the low back and right leg. He reports bilateral (right greater the left) low back pain that shoots off and on to the lower extremity (right greater than left) and bilateral lower extremity burning sensation in the right lateral/posterior aspect with severe numbness, moderate tingling, weakness, heaviness, spasm, right foot drop and unstable gait. He rates his pain level as 9/10. Physical examination revealed 2+ tenderness over the sacroiliac joints. He has difficulty toe walking due to pain. Paralumbar spasm is 2+ tenderness to palpation bilaterally. The plan of care included injections and medications and authorization was requested for bilateral sacroiliac joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral SI Joint Injection Under Monitored Anesthesia Care: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), SI Joint Blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

**Decision rationale:** The claimant has a history of a work injury occurring in September 2000 and continues to be treated for low back and right lower extremity pain. When seen, there was tenderness over the sacroiliac joints. There was decreased and painful lumbar spine range of motion. Straight leg raising was positive. There was decreased lower extremity sensation. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, there are no positive sacroiliac joint tests documented. The above criteria are not met and the requested sacroiliac joint injection is not medically necessary.