

<b>Case Number:</b>	CM15-0114841		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	11/05/2002
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/05/2015
<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:

This 67 year old woman sustained an industrial injury on 11/5/2002. The mechanism of injury is not detailed. Diagnoses include low back pain, sacroiliac joint arthropathy, chronic pain due to trauma, lumbar radiculopathy, lumbar facet arthropathy, lumbar disc displacement, lumbar disc degeneration, and piriformis syndrome. Treatment has included oral medications and bilateral sacroiliac joint injections. Physician notes dated 5/12/2015 show complaints of chronic lumbar, piriformis, and worsening sacroiliac joint pain. Recommendations include repeat injections to the bilateral sacroiliac joints, Norco, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral SI joint injection:** 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), sacroiliac 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 sustained a work-related injury in November 2002 and continues to be treated for chronic low back pain. Treatments have included sacroiliac joint injections. When seen, the assessments references the claimant as having responded well to previous sacroiliac joint injections with relief of symptoms last for over six months. There was bilateral sacroiliac joint and right piriformis tenderness. 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 the treatment or therapeutic phase, the procedure should be repeated only as necessary and should be limited to a maximum of four times for local anesthetic and steroid blocks over a period of one year. Criteria for a repeat injection include greater than 70% pain relief for 6 weeks from previous injections. In this case, the degree of pain relief from the previous injection is not documented. There are no positive sacroiliac joint tests. The number of injection performed in the previous year is unknown. The request cannot be considered as being medically necessary.