

<b>Case Number:</b>	CM15-0127400		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	07/26/2000
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58 year old female, who sustained an industrial injury on July 26, 2000. Treatment to date has included MRI of the lumbar spine, NSAIDS, chiropractic therapy, and pain medications. Currently, the injured worker complains of back pain and right sacroiliac joint pain. On physical examination, the injured worker has right lumbar spine paraspinal spasm. She has trigger points over the right sciatic, iliac crease and lumbar paraspinals. Her lumbar range of motion is reduced by 25%. An MRI of the lumbar spine on January 2, 2015 revealed mild degenerative disk changes and degenerative spondylosis in the lower lumbar spine. The diagnoses associated with the request include right sacroiliac joint pain and lumbar spine radiculopathy. The treatment plan includes right sacroiliac joint injection with ultrasound guidance, right sacroiliac joint x-rays, left sacroiliac joint x-rays and full lumbar spine x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI Joint Injection with Ultrasound guidance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Sacroiliac 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 and Pelvis Chapter/Sacroiliac Joint Blocks Section.

**Decision rationale:** The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include; 1) History and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. 2) Diagnostic evaluation must first address any other possible pain generators. 3) The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. 4) Blocks are performed under fluoroscopy. 5) A positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and if the first block is not positive, a second diagnostic block is not performed. 6) If steroids are injected during the initial injection the duration of pain relief should be at least 6 weeks with at least >70% pain relief recorded for this period. 7) In the treatment phase the suggested frequency for repeat blocks is 2 months or longer provided that at least 70% pain relief is obtained for 6 weeks. 8) The block is not to be performed on the same day as a lumbar epidural steroid injection, transforaminal epidural steroid injection, facet joint injection or medial branch block. 9) In treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. In this case, the available documentation provides evidence of sacroiliac joint instability and dysfunction. The plan includes SI joint injection prior to surgical intervention of warranted after injection. The request for right SI joint injection with ultrasound guidance is considered be medically necessary.

**Full Lumbar Spine X-rays:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic Chapter, Radiography (x-rays).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304.

**Decision rationale:** The MTUS Guidelines do not recommend the use of lumbar spine x-rays in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate with the physician believes it would be aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery. In this case, there is no evidence of red flags in the available documentation and there are no new injuries. The request for full lumbar spine x-rays is determined to not be medically necessary.

**Right SI Joint X-rays:** 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), Hip Chapter, X-ray.

**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 Chapter/X-Ray Section.

**Decision rationale:** MTUS guidelines do not address the use of hip x-rays, therefore, alternative guidelines were consulted. Per the ODG, hip x-rays are recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. In this case, the available documentation does not provide evidence of severe injury or other red flags. There is also no indication that the injured worker is at high risk for the development of hip osteoarthritis. The request for right SI joint x-rays is determined to not be medically necessary.

**Left SI Joint X-rays:** 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), Hip Chapter, X-ray.

**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 Chapter/X-Ray Section.

**Decision rationale:** MTUS guidelines do not address the use of hip x-rays, therefore, alternative guidelines were consulted. Per the ODG, hip x-rays are recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. In this case, the available documentation does not provide evidence of severe injury or other red flags. There is also no indication that the injured worker is at high risk for the development of hip osteoarthritis. The request for left SI joint x-rays is determined to not be medically necessary.