

<b>Case Number:</b>	CM15-0128013		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	07/10/2000
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 60 year old female sustained an industrial injury to the low back on 7/10/00. Previous treatment included physical therapy, intrathecal pump and medications. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 5/27/15, the injured worker complained of low back and bilateral leg pain rated 4/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to bilateral sacroiliac joint, more in the right than the left with decreased range of motion, positive Cross step, Fortin finger, Faber and Gillet tests. Current diagnoses included lumbar post laminectomy syndrome, lumbago, lumbosacral radiculitis and lumbar disc degeneration. The treatment plan included continuing intrathecal Morphine at current levels and requesting authorization for a right sacroiliac joint block with fluoroscopy. The patient's surgical history include lumbar spine surgery in 1998 and 2000. The medication list include Morphine, Aspirin, Baclofen, Ibuprofen, Tizanidine, Vimovo and Talwin. The patient had received an unspecified number of the PT visits for this injury. The patient underwent intrathecal pump implant in 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right sacroiliac joint block with fluoroscopy:** 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 & Pelvis (Acute & Chronic): Sacroiliac Block 2014.

**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 Hip & Pelvis (updated 08/04/15) Sacroiliac joint injections (SJI).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS), does not address SI joint injection under fluoroscopy. Therefore ODG used. As per ODG SI joint injection under fluoroscopy "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy" Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehabilitation efforts including physical therapy and chiropractic sessions was not specified in the records provided. Evidence of lack of response to conservative treatment including exercises, physical methods, was not specified in the records provided. A detailed examination of the SI joint was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for right sacroiliac joint block with fluoroscopy is not fully established in this patient. Therefore, the request is not medically necessary.