

<b>Case Number:</b>	CM15-0173568		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	09/21/2005
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: California, District of Columbia, Maryland  
 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 59-year-old female, who sustained an industrial injury on 9-21-2005. The injured worker was diagnosed as having idiopathic peripheral autonomic neuropathy, unspecified, lumbosacral neuritis, not otherwise specified, lumbar post-laminectomy syndrome, myospasm, and piriformis syndrome. Treatment to date has included diagnostics, lumbar spinal surgeries (2000 and 2008), cervical spinal surgeries (2007 and 2011), acupuncture, chiropractic, discogram, epidural steroid injection (cervical 1-26-2015 with neck pain rated 7 out of 10 on 2-09-2015, 9 out of 10 on 2-26-2015), massage, physical therapy, transcutaneous electrical nerve stimulation unit, trigger point injections, home exercise, and medications. Currently (7-28-2015), the injured worker complains of axial low back pain, worse below the belt line, and "increased" since her last visit (rated 5 of 0 on 6-30-2015). She reported that her headaches were a bit better but her head was very sore. She reported neck pain (7 out of 10), lumbar spine pain (rated 7 out of 10), and head pain (rated 6 out of 10). She reported difficulty with sleep and a 50% reduction in pain with the use of Norco. Computerized tomography of the thoracic spine (6-2015) showed mild osteoarthritis throughout the thoracic spine and fusion of the lower cervical vertebral bodies. Computerized tomography of the lumbar spine (6-2015) noted post lumbar fusion, laminectomy at the L4-5 and L5-S1 levels, prosthetic discs present at L4-5 and L5-S1, and normal alignment of the vertebral bodies. Physical exam of the lumbar spine noted tenderness to palpation over the right and left lumbar facets, right and left thoracic facets, bilateral paravertebral thoracic spasm, bilateral sacroiliac joints, bilateral buttocks, bilateral greater trochanter bursa, and bilateral lumbosacral regions. Straight leg raise was positive on the

right at 70 degrees and Faber was positive for the right and left. Range of motion noted painful flexion 30, extension 10, and lateral flexion 10. Exam of the lower extremities noted that sensation was "grossly intact" to light touch. Reflexes were 2+ patellar and absent at Achilles. Motor strength was 4 of 5 throughout the lower extremities. It was documented that sacroiliac joint injections were "helpful" in the past. The treatment plan included a bilateral sacroiliac joint injection, non-certified by Utilization Review on 8-24-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Outpatient bilateral sacroiliac 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, Hip Section, Sacroiliac Injections.

**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, Sacroiliac injections.

**Decision rationale:** Per the ODG guidelines with regard to sacroiliac joint injections: Not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology). Consideration can be made if the injection is required for one of the generally recommended indications for sacroiliac fusion. See Sacroiliac fusion. Also not recommended: Sacral lateral branch nerve blocks and/ or dorsal rami blocks in anticipation of sacroiliac radiofrequency neurotomy. See Diagnostic blocks in anticipation of SI neurotomy below. As the requested treatment is not recommended by the guidelines, medical necessity cannot be affirmed. This request is not medically necessary.