

<b>Case Number:</b>	CM15-0179733		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	12/26/2010
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2015

### 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 78 year old female, who sustained an industrial injury on December 26, 2010. She reported low back pain. The injured worker was diagnosed as having lumbago, lumbar radiculopathy, lumbar degenerative disc disease and back pain. Treatment to date has included diagnostic studies, medial branch blocks of the lumbar spine (1-11-2015 on the right side, 1-17- 2014 on the left side) with 50-80% improvement in pain and function, radiofrequency lesioning (3-10-2015 and February 25, 2014 with 50-60% improvement in pain), medications and work restrictions. Currently, the injured worker continues to report low back pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was without complete resolution of the pain. Evaluation on March 23, 2015, revealed constant aching, stabbing, sharp, deep, cramping and pressure like back pain rated at 9 on a 1-10 scale and 6 on a 1-10 scale on average, with 10 being the worst. She noted twisting, turning, bending, increased activity and cold weather increased the pain and sitting, resting and using pain medications improved the pain. It was noted she denied any side effects of the medication, was able to maintain activity levels and did not request any changes. Evaluation on June 16, 2015, revealed low back pain with pain radiating down the right lower extremity. She noted the pain was moderate to severe and rated it at 8 on a 1-10 scale with 10 being the worst. She rated the lower extremity pain at 5 on a 1-10 scale with 10 being the worst. Evaluation on July 16, 2015, revealed significant pain. The physician noted, "She is in a lot of pain right now, and this is pretty much the worst I have seen he in a couple of years". It was noted she was to remain off work until her next appointment. The RFA included a request for Left SI injection and was non-certified on the utilization review (UR) on August 6, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left SI injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, 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 & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

**Decision rationale:** The claimant sustained a work injury in December 2010 and is being treated for chronic pain including chronic low back pain. When seen on 06/16/15 she was having moderately severe low back pain rated at 8/10. When seen in July 2015, she was having a lot of left sided pain consistent with pain from the left sacroiliac joint. Physical examination findings included positive left Stork, Fabere, and Pelvic compression tests. There was good lower extremity strength and sensation. Authorization for a left sacroiliac joint injection was requested. Criteria for the use of a sacroiliac injection include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. In this case, the claimant had left sided sacroiliac joint pain developing sometime between June and July 2015. Conservative treatment such as medication, physical therapy, or manipulation had not been tried. A sacroiliac joint injections is not considered medically necessary.