

<b>Case Number:</b>	CM15-0024868		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	09/09/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Internal 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 47-year-old female, who sustained an industrial injury on 09/09/2012. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, lumbar laminotomy/discectomy (08/19/2013), and left sacroiliac injection (11/21/2014). Per the post-op follow-up note dated 11/21/2014, the injured worker complains of slight lumbar pain rated 7/10 without radiation. It was noted that the injured worker underwent a left sacroiliac injection on 11/21/2014; however, the results and/or benefit of this procedure was not provided. The current exam findings and request for authorization was not submitted for review. The diagnoses include lumbar spondylosis without myelopathy, lumbar herniated nucleus pulposus, and lumbago. Per the IMR application and the utilization review decision, the request for authorization consisted of repeat left sacroiliac injection with fluoroscopy and sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat left sacroiliac injection with fluoroscopy and sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks. ACOEM 3rd Edition (2011) Low back disorders <http://www.guideline.gov/content.aspx?id=38438>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections, trigger-point injections, and ligamentous injections are not recommended. ACOEM 3rd Edition (2011) states that sacroiliac joint injections for chronic low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease) is not recommended. Official Disability Guidelines (ODG) indicates that sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology. There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatory). A systematic review commissioned by the American Pain Society (APS) and conducted at the Oregon Evidence-Based Practice Center states that there is insufficient evidence to evaluate validity or utility of diagnostic sacroiliac joint block, and that there is insufficient evidence to adequately evaluate benefits of sacroiliac joint steroid injection. ODG criteria for the use of sacroiliac blocks requires that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. 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. The operative report dated 11/21/14 documented the performance of left sacroiliac joint injection with Kenalog. Repeat left sacroiliac injection was requested on 1/13/15. Per ODG, if steroids are injected during the initial sacroiliac joint injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. This is not documented in the submitted medical records. The qualified medical evaluation report dated 11/25/14 is the latest progress report in the submitted medical records. Without updated progress reports, the request for repeat sacroiliac joint injection is not supported by ODG guidelines. Therefore, the request for repeat sacroiliac joint injection is not medically necessary.