

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0025573 |                              |            |
| <b>Date Assigned:</b> | 02/18/2015   | <b>Date of Injury:</b>       | 07/21/1998 |
| <b>Decision Date:</b> | 04/03/2015   | <b>UR Denial Date:</b>       | 01/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/10/2015 |

### 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, Florida

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 65 year old female, who sustained an industrial injury on 07/21/1998. She has reported pain in the lower back. The diagnoses have included right sacroiliac dysfunction. Treatment to date has included medications, sacroiliac joint injection, and surgical intervention. Medications have included Neurontin, Norco, and Fentanyl transdermal patch. Currently, the injured worker complains of severe, intermittent right lower back pain; and pain was improved after the sacroiliac injection. A progress report from the treating physician, dated 01/07/2015, included objective findings to consist of positive Fortin's finger test over the right sacroiliac joint; and positive FABER's test right sacroiliac joint. The treatment plan included request for right sacroiliac injection under sedation; and physical therapy for the low back. There is limited objective findings documented. On 01/21/2015 Utilization Review noncertified a prescription for Right SI joint injection under sedation; and Pre-op medical clearance with [REDACTED]. The CA MTUS, ACOEM and the ODG were cited. On 02/10/2015, the injured worker submitted an application for a prescription for Right SI joint injection under sedation; and Pre-op medical clearance with [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI joint injection under sedation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis.

**Decision rationale:** The CA MTUS did not specifically address the use of SI joint injections in the treatment of chronic musculoskeletal pain. The ODG guidelines recommend that SI joint injections can be utilized for the treatment of sacroiliac joint pain when conservative treatments with physical therapy and medications have failed. The guidelines require the documentation of more than three positive provocative tests for the diagnosis of sacroilitis or SI joint arthropathy. The records did not show a documentation of more than three provocative tests to support the diagnosis of SI joint disorder. The treatment plan included another course of physical therapy which had not been completed. There was no documentation of functional restoration following previous SI joint injections. The criteria for right SI joint injection under sedation was not met.

**Pre-op medical clearance with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 PelvisSI joint InjectionsAnesthesia for procedures.

**Decision rationale:** The CA MTUS did not specifically address the use of SI joint injections in the treatment of chronic musculoskeletal pain. The ODG guidelines recommend that SI joint injections can be utilized for the treatment of sacroiliac joint pain when conservative treatments with physical therapy and medications have failed. The guidelines require the documentation of more than three positive provocative tests for the diagnosis of sacroilitis or SI joint arthropathy. The records did not show a documentation of more than three provocative tests to support the diagnosis of SI joint disorder. The treatment plan included another course of physical therapy which had yet to be completed. There was no documentation of functional restoration following the previous SI joint injections. The criteria for right SI joint injection under sedation was not met. Therefore the pre-op medical clearance with [REDACTED] for the procedure was not necessary.