

<b>Case Number:</b>	CM15-0027266		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 55 year old male, who sustained an industrial injury on 11/01/2011. On provider visit dated 01/20/2015 the injured worker has reported low back and right leg pain. On examination he was noted to have diminished sensation of the right leg, sacroiliac joints are tender bilaterally, Patrick's sign and Gaenslen's maneuver were positive bilaterally, there was noted spasm and tenderness over the paraspinals, increased pain with range of motion and straight leg raise positive on the right. The diagnoses have included disorder of sacrum, chronic pain syndrome, myalgia and myositis, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, sacroiliac joint pain, spondylolisthesis, lumbar radiculopathy and lumbar spinal stenosis. Treatment to date has included physical therapy, medication and injections. Treatment plan included SI joint injection bilateral under fluoroscopy and medication. On 02/03/2015 Utilization Review non-certified SI joint injection bilateral under fluoroscopy. The ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SI joint injection bilateral under 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 and Pelvis (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter under SI joint injections.

**Decision rationale:** According to the 01/20/2015 report, this patient presents with low back and right leg pain that is about the same since the visit in September. The current request is for SI injection bilateral under fluoroscopy. The request for authorization is on 01/26/2015. The patient's disability status is TTP from 6/13/13 until 6 months post surgery per [REDACTED]. The Utilization Review denial letter states the most recent bilateral sacroiliac joint injections provided the claimant with only "50-60% pain relief, this request for administering a third series of bilateral sacroiliac joint injections to this claimant is not consistent with the recommendations contained in the Official Disability Guidelines. The UR indicates that the patient had 3 prior SI injections with of dates 01/14/2014, 03/10/2014, and 09/02/2014. Regarding repeat sacroiliac joint injections, ODG guidelines states the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. In the medical reports provided for review, the treating physician indicates that the patient has a SI joint injection on 09/02/2014 which helped reduce pain 50% for several months. In this case, the treating physician documented that the patient has pain relief of 50% from previous SI injection. The guidelines recommended repeat sacroiliac joint injections only after the previous injection resulted in at least 70% improvement. Therefore, the current request IS NOT medically necessary.