

<b>Case Number:</b>	CM15-0078850		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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, 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 41 year old male, who sustained an industrial injury on March 17, 2009. He reported low back pain radiating to the left hip, buttock and lower extremity associated with tingling and numbness in the foot, neck pain and thoracic spine pain. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included diagnostic studies, lumbar epidural steroid injections, facet nerve blocks, acupuncture, massage therapy, narcotic medications and work restrictions. Currently, the injured worker complains of continued low back pain radiating to the left hip, buttock and lower extremity associated with tingling and numbness in the foot, neck pain and thoracic spine pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on February 5, 2015, revealed continued pain as noted with associated symptoms. He denied previous surgical intervention related to the industrial injury. He reported requiring pain medications to remain functional. A sacroiliac injection and anesthesia for the injection were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac (SI) joint injection, left, #1:** 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 chapter - Sacroiliac joint blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

**Decision rationale:** Regarding the request for sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. In the absence of clarity regarding this issue, the currently requested sacroiliac joint injections are not medically necessary.

**Anesthesia for 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 (ODG), Hip and Pelvis chapter - Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks.

**Decision rationale:** The CA MTUS does not address directly the request for anesthesia. Instead, request for anesthesia are evaluated on a case by case basis, and may be warranted if a patient exhibits extreme anxiety regarding an injection. Standard of care typically utilizes IV conscious sedation or monitored anesthetic care as opposed to general anesthesia. In this case, since the sacroiliac joint injection is not warranted, the request for anesthesia is not medically necessary as well.