

<b>Case Number:</b>	CM14-0118450		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/20/2002
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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:

This is a 54 year old male whose date of injury was April 20, 2002. Medical documentation on 7-9-14 indicated the injured worker was treated for lumbago, lumbar degenerative disc disease, lumbar radiculitis, and sacralgia. He reported a significant increase in pain. He rated his pain a 6 on a 10-point scale (6 on 4-16-14). His Norco provided 50% of his pain. He continued to have severe restricting pain in the lumbar spine and right ankle. Previous therapy included spine surgery, physical therapy, intramuscular cortisone injections, and chiropractic therapy. Medications included Norco 10-325, Zanaflex 4 mg, and tramadol 50 mg. He had lumbar spine range of motion with flexion to 30 degrees, extension to 15 degrees, and bilateral rotation to 20 degrees. He had tenderness with range of motion in all directions. He had tenderness to palpation over taut bands in the bilateral erector spinae, tenderness to palpation over the lumbar facet joints bilaterally. Seated root test was negative bilaterally. He had 5-5 motor strength and sensory examination was normal in the bilateral lower extremities. A request for authorization for left lumbar sacroiliac joint injection under ultrasound as an outpatient was received on July 10, 2014. On July 18, 2014, the Utilization Review physician determined left lumbar sacroiliac joint injection under ultrasound as an outpatient was not medically necessary based on Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Left Lumbar SI joint injection under ultrasound as an Outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - 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 has a remote history of a work injury occurring in April 2002 and continued to be treated for thoracic and low back pain. Prior treatments had included physical therapy and chiropractic care and he had a history of a lumbar fusion. When seen, his body mass index was over 32. There was limited lumbar spine range of motion with positive facet loading and tenderness with taut muscle bands. There was a normal neurological examination. Fabere and compression tests were positive. He had pain over the sacroiliac joints. Authorization was requested for sacroiliac joint injections with ultrasound guidance. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In this case, there are only two positive findings documented on direct testing of the sacroiliac joints. For this reason, the requested sacroiliac joint injection is not medically necessary.