

<b>Case Number:</b>	CM14-0051540		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/18/1997
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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:

The injured worker is a 68 year old female, who sustained an industrial injury on 7-18-97. She reported initial complaint was of her back. The injured worker was diagnosed as having a lumbar spine hernia; status post bilateral total knees; stress. Treatment to date has included status post L5-S1 PLIF with L3-4 laminectomy (4-13-05); physical therapy; medications. Diagnostic studies included a MRI of the lumbar spine (2-25-08). Currently, the PR-2 notes dated 3-11-14 indicate the injured worker presents with complaints of pain in her lower back which radiates down both lower extremities right greater than left. She rates her pain as 9 in intensity out of 10. She reports the pain limits her mobility and activity tolerance. She suffers a diagnosis of lumbar post laminectomy syndrome per the provider as she is a status post L5-S1 PLIF with L3-4 laminectomy 4-13-05. He documents he has discussed a spinal cord stimulator as an option of treatment but she is not yet ready to proceed with the trial at this time. The provider notes the injured worker has been escalating doses of medications as a result of her pain and they are slowly cutting back on her daily doing. She requested an evaluation with her private insurance provider for her ongoing pain. He reviewed her MRI of the lumbar spine and was concerned the pain may be emanating from the right sacroiliac joint (SI). He recommended she undergo a right SI joint injection. The MRI of the lumbar spine dated 2-25-08 is documented by the provider revealing a laminectomy and posterior lumbar interbody fusion at L4-5 and L5-S1. There is a 3mm retrolisthesis of L4 upon L5, with a 2mm posterior disc bulge; at the L5-S1 there is a 2-3mm posterior disc bulge. There are no other significant abnormalities. The provider documents the injured worker has had extensive management including epidural steroid injections which the

last one was done 8-9-12 and provided 60% relief with notable increased activity and mobility. The provider is requesting authorization of an Outpatient Right Sacroiliac Joint Injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One Outpatient Right Sacroiliac Joint Injection: Upheld**

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

<https://www.acoempracguides.org/lowback>; <https://www.acoempracguides.org/chronicpain>.

**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 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders, p191.

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 1997 with treatments including a lumbar fusion at L4-5 and L5-S1. When seen, she was in mild distress. She had difficulty transitioning positions and had an antalgic gait. Physical examination findings included lumbar paraspinal muscle tenderness with increased muscle tone and numerous trigger points. There was decreased and guarded range of motion. Fabere testing was positive on the right side. There was decreased lower extremity strength and sensation. Straight leg raising was positive bilaterally. There was bilateral knee tenderness with swelling and mild crepitus. Authorization for a right sacroiliac joint injection was requested. 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, the claimant has a history of a lumbar fusion including to the sacrum which would be a risk factor for developing sacroiliac joint mediated pain. However, only one positive sacroiliac joint test is documented. There is no evidence of rheumatologic inflammatory arthritis involving the sacroiliac joint. The criteria for performing a sacroiliac joint block are not met and the requested injection cannot be accepted as being medically necessary.