

<b>Case Number:</b>	CM13-0002979		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	01/08/2011
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 38 year-old female who was injured on 1/8/2011. She has been diagnosed with mechanical low back pain; left sacroiliitis; lumbar DDD; lumbar facet arthropathy; possible right sacroiliitis; myofascial pain syndrome; RLE pain, r/o left hip pain. According to the 4/11/13 report from [REDACTED], the patient presents with low back pain. The patient had an Lumbar Epidural Steroid Injection (LESI) which helped the leg pain by 50% but not the low back pain. He had requested an SI joint block for the left side. On exam there was positive Fortin's finger test, Gillet's test, pelvic tilt and Patrick/FABERE on the left. The review is for a left SI joint block. There is a 4/11/13 Utilization Review (UR) letter from CID that recommends against a diagnostic left SI joint block

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SACROILIAC JOINT INJECTION BLOCK:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, HIP CHAPTER FOR SI JOINT BLACKS

**Decision rationale:** The patient is a female truck driver who was injured on 1/8/11 when she was exiting the cab of her semi-truck, and slipped off the step and was momentarily hanging holding onto the door handle with one hand and the steering wheel with the other, then slid down the steps of the truck, injuring her low back and upper extremities. She was reported to have had a lumbar ESI that helped with the symptoms down the leg, but not much for the lower back pain. The physician reports positive SI joint tests including Gillets, Patrick/FABERE, Fortin's finger test, and pelvic tilt. The patient's history of trauma is consistent, other pain generators, i.e. lumbar discs have been addressed, and the patient has had conservative Physical Therapy (PT), medications and chiropractic care. The (ODG) Official Disability Guidelines criteria have been met.