

<b>Case Number:</b>	CM13-0004147		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 physician 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:

This is a 35-year-old female patient who reported an injury on 06/27/2012. The mechanism of injury was that the patient slipped on a wet floor and then felt a pull in the right anterior hip, groin, and adductors. The patient reported a previous injury to the right hip in 2003, which was resolved with physical therapy. On physical exam of 01/24/2013, the patient had pain at 8/10 and reported that walking aggravated the pain. Objective findings were hip abduction left side - 5/5, right side -4/5, hip adduction left 4/5, right -4/5, hip extension left +4/5, right +4/5, hip flexion left +4/5, right +4/5, knee extension left -5/5, right -5/5, and knee flexion left -5/5, right -5/5. Dependent upon the response to the SI injection, a radiofrequency ablation may be considered. Medications listed are Relafen and Robaxin (dosages and frequencies not provided). On physical exam, 08/09/2013, a request for 8 chiropractic visits were requested; the patient had reported improvement in the ability to sit, stand, bend, and sleep, with 3 prior chiropractic visits. On physical exam of 10/01/2013, strength in the lower extremities was 5/5. Reflexes were 2+. Gross sensation was intact and straight leg raising test in the sitting position indicated tightness in the right side. On physical exam of 11/26/2013, the patient presented without any complaints. Pain was rated 0/10 and denied any new radiation, numbness, or tingling. The patient's gait was normal and reflexes were 1+ in the lower extremities. On physical exam of 01/21/2014, the patient reportedly still has a normal gait. Strength in the lower extremities was 5/5 and gross sensation was intact.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Injection procedure for Sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography: 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).

**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, Sacroiliac joint blocks.

**Decision rationale:** The Official Disability Guidelines state SI joint injections are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. The request for the sacroiliac joint injection is non-certified. The documentation provided for review did not indicate or suggest any significant neurological and functional deficits and reported improvement from previous conservative care. The clinical information failed to document the presence of physical examination findings consistent with SI joint dysfunction. As such, the request is non-certified.