

<b>Case Number:</b>	CM13-0025528		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 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:

This case involves a 36-year-old male, who sustained an injury on 5/21/10, while employed by [REDACTED]. The request under consideration include Consultation Follow-up. There is an agreed medical exam (AME) report dated 3/31/13, that noted a similar injection done on 12/13/12, which was not effective for more than two (2) hours. The AME did not feel more aggressive or experimental treatment is indicated. A current report from the provider of 9/12/13 noted continued left-sided low back pain. It was noted that the last injection on 5/28/13 went into subcutaneous nodule overlying the left iliac, with 3-4 days relief with pain, returning to prior level. An exam showed tender subcutaneous nodule overlying left iliac bone. The diagnoses included chronic unrelenting left-sided low back pain; and lumbar disc disease. The request to refer back to another consultant provider that had performed previous sacroiliac (SI) joint injection on 6/15/12 was non-certified on 9/16/13, citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation follow up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip Chapter, pages 263-264.

**Decision rationale:** The Official Disability Guidelines indicate that the etiology for sacroiliac (SI) joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the "diagnostic gold standard" as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. The submitted reports have not met guidelines criteria, especially when previous SI injections have not been documented to have provided any functional improvement for this 2010 injury, making the consultation follow-up for a repeat SI joint injection non-indicated. The consultation follow-up is not medically necessary and appropriate.