

<b>Case Number:</b>	CM13-0034101		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 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:

The patient is a 43-year-old male who reported an injury on 10/23/2012. The mechanism of injury was not provided. The patient was noted to have complaints of right-sided low back pain and right-sided sciatica. The physical examination revealed that the patient had a positive Fortin finger sign with moderate tenderness over the right sacroiliac joint. Sacroiliac maneuvers were markedly positive on the right, including positive distraction, thigh thrust and Faber's tests. The patient was noted to have slight weakness of the EHL bilaterally at 5/5. The plan was noted to include a diagnostic injection into the right sacroiliac joint. The patient's diagnosis was noted to include displacement of intervertebral disc, site unspecified, without myelopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 on Official Disability Guidelines ODG Hip & Pelvis (updated 06/12/13), 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 Chapter, Sacroiliac Joint Injection.

**Decision rationale:** The Official Disability Guidelines indicate that the patient should have documentation of 3 positive exam findings including 3 of the following: a cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen's test, Gillet's test, Patrick's test, Faber test, pelvic compression test, Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test; Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; or a Thigh Thrust Test. The diagnostic evaluation must first address any other possible pain generators. The patient must have had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. The clinical documentation submitted for review indicated that the patient had 3 positive examination findings to support the necessity for the injection. It was noted that the patient had an epidural injection, physical therapy and a chiropractic therapy with no significant improvement. There was a lack of documentation of the dates of service, efficacy and duration of the physical therapy to support that the patient had failed at least 4 to 6 weeks of aggressive conservative therapy prior to the request. Given the above, the request for a diagnostic right sacroiliac joint injection is not medically necessary.