

<b>Case Number:</b>	CM13-0059409		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/28/2007
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 injured worker is a 55-year-old female who reported an injury on 02/28/2007. The mechanism of injury was not provided in the documentation. Per the progress note dated 10/08/2013, the injured worker reported continuing chronic low back and bilateral lower extremity pain. The injured worker reported constant burning pain to the left lower leg and foot with increased cramping intensity and frequency. The injured worker also reported numbness to the left leg at the lateral aspect. On physical examination, the lumbar spine was reported to have tenderness of the spinous process at L5 and the transverse process on the left at L4. No tenderness of the iliac crest or the PSIS; however, there was tenderness of the SI joint. The injured worker had tenderness to palpation bilaterally of the paraspinal region at L4 and the iliolumbar region, as well as tenderness of the quadratus lumborum. The injured worker had pain with active range of motion and normal motor strength to the lower extremities. The injured worker was reported to have a negative Waddell's signs. X-rays of the lumbar spine were reported to include status post decompressive laminectomies at L4-5 and L5-S1, advanced disc space narrowing at L4-5 greater than L5-S1, spinal cord stimulator in place, hip joints are normal. Diagnoses for the injured worker were reported to include failed back syndrome and status post implantation and revision of spinal cord stimulator. Prior treatments for the injured worker included spinal cord stimulator placement, physical therapy, and lumbar decompression. The Request for Authorization for medical treatment for the outpatient left SI joint injection was dated 11/08/2013. The provider's rationale for that injection was not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SI JOINT DIAGNOSTIC INJECTION:** 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, Sacroiliac joint blocks.

**Decision rationale:** Per the Official Disability Guidelines, recommendation of a sacroiliac injection is an option if the injured worker failed at least 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise, and medication management. Blocks are performed under fluoroscopy. This intervention is not recommended for early hip osteoarthrosis and is under study for moderately advanced or severe osteoarthritis. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the present of other low back pathology. The criteria for the use of sacroiliac block injections include a history and physical of the injured worker and the diagnosis with documentation of at least 3 positive exam findings. Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction. They include, but are not limited to, cranial shear test, extension test, pelvic compression test, sacroiliac shear test, standing and seated flexion test, and thrust test. There is a lack of documentation regarding aggressive conservative therapy, including physical therapy and a home based exercise program. There is a lack of documentation of at least 3 positive diagnostic tests specific to the SI joint. In addition, the request did not include information regarding the use of fluoroscopy. Therefore, the request for the outpatient left SI joint diagnostic injection is non-certified.