

<b>Case Number:</b>	CM13-0069154		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/19/2010
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 male who reported an injury on 10/19/2010, the mechanism of injury was not provided. The clinical note dated 12/12/2013 noted the injured worker presented with complaints of low back pain that radiated down his right leg and neck and bilateral upper extremity pain. Upon exam of the lumbar spine there was diminished sensation over the right calf and shin, a positive Patrick's sign to the right side, tenderness over the lumbar paraspinals, pain with lumbar flexion and extension, and a straight leg raise was positive on the right side. The MRI performed on 10/18/2013 revealed L2-3 slight progression of facet hypertrophy, L3-4 there is a slight progression of multifactorial changes with moderate facet hypertrophy, L4-5 moderate facet hypertrophy with minimal ligamentum flavum unfolding, L5-S1 there is a mild to moderate facet hypertrophy. The treatment plan included Hydrocodone, Cyclobenzaprine, Omeprazole, polyethylene glycol, compound lotion, and hot/cold therapy. The injured worker's diagnoses were hip pain to the right, chronic pain syndrome, neck pain, lumbar radiculitis, degenerative disc disease of the cervical, lumbar stenosis, and lumbar degenerative disc disease. The Request for Authorization Form was submitted on 11/21/2013 for a right SI joint injection. with [REDACTED] The rationale for the request was not included within the medical documents to review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SI JOINT INJECTION WITH [REDACTED]: 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 and Pelvis, Sacroiliac Joint Blocks

**Decision rationale:** The request for the SI joint injection with [REDACTED] is non-certified. The Official Disability Guidelines (ODG) state that sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology. The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved. There is limited research suggesting therapeutic blocks offer long-term effect. The criteria for the use of SI blocks are: history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings, diagnostic evaluation must first address any possible pain generators, the injured worker has had to have failed at least 4 to 6 weeks of aggressive conservative therapy including PT, home exercise, and medication management, blocks are performed under fluoroscopy, in the treatment plan or therapeutic phase, the interventional procedure should be repeated only if necessary judging by the medical necessity criteria. The included medical documents lack evidence of at least 3 positive exam findings, there was no diagnostic evaluation of other possible pain generators, there was a lack of evidence in the documentation that the injured worker has failed at least 4 to 6 weeks of aggressive conservative treatment to include physical therapy, home exercise, and medication management, and the request does not include fluoroscopy for guidance. As such, the request is not medically necessary.