Case Number:	CM13-0070493		
Date Assigned:	01/03/2014	**Date of Injury:**	02/07/2013
Decision Date:	06/06/2014	**UR Denial Date:**	11/26/2013
Priority:	Standard	**Application Received:**	12/23/2013

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 Occupational Medicine 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 patient is a 64 year old male who was injured on 02/07/2013 while the patient was driving 55 mph while working when he went over two dips in the road causing him to rise up and down out of his seat. He had onset of severe pain later that evening. Prior treatment history has included medications on 08/30/2013 of Tizanidine, Tramadol, and Nabumetone. Diagnostic studies reviewed include MRI of the lumbar spine dated 06/14/2013 showing multilevel disc changes with loss of T2-weighted signal at L3-4, L4-5 and L5-S1. There is mild disc bulge at L3-4 with neural foraminal narrowing on the right. There is a slight disc bulge at L5-S1 on the left. Progress note dated 08/30/2013 documented the patient in for consultation on radiating lower back pain into the buttock, anterior and posterior thigh, calf and heel symptoms greatest on the right. He has weakness in bilateral hips, left knee due to pain and instability. His pain distribution is 5%, 5% mid back, 75% low back and 15% leg. His pain is up to a 3 on a 4 scale in back. The patient has relief with hot packs. He has increased pain with physical therapy, massage therapy, back exercises and ultrasound. The patient has no change in symptoms with muscle relaxants, aspirin-type medication and anti-depressant medications. Objective findings on examination of the lumbar spine range of motion reveals a normal lumbar active: guarded with limiting factors of pain. Reflexes are 0 bilaterally with a negative Babinski. Straight leg raise test is negative bilaterally. Tenderness to palpation is present at L4, L4, L5 and S1. Sensory in L1 groin and L3 patella are normal bilaterally except left L2 hyposensitive. Motor strength is 5/5 bilaterally. Thigh circumference is symmetric with handedness. Leg circumference is symmetric with handedness. There is no pain on external hip range of motion. Assessment includes lumbar spine pain, lumbar spine degenerative disc disease, lumbar spine radiculopathy, and lumbar spine HNP/bulge. Impression: An epidural steroid injection at L3-4 which could be both therapeutic and diagnostic.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SI JOINT BLOCK INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. 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), Hips & Pelvis, Sacroiliac Joint Blocks.

Decision rationale: According to the Official Disability Guidelines (ODG), Sacroiliac Joint Blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. The same guidelines document the following criteria for the use of Sacroiliac joint blocks: "1) the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2) Diagnostic evaluation must first address any other possible pain generators. 3) The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. 4) Blocks are performed under fluoroscopy. 5) A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. 6) If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. 7) In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. 8) The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. 9) In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year." The ODG also states, Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Imaging studies are not helpful. It has been questioned as to whether SI joint blocks are the "diagnostic gold standard." The medical records document the patient has went through many different pain modalities including medications and physical therapy, but they lack the clinical assessment for establishing the diagnosis of Sacroiliac joint dysfunction. Therefore, the request for bilateral SI Joint Block Injections is not medically necessary and appropriate.