

<b>Case Number:</b>	CM14-0011582		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/11/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 63-year-old male who has submitted a claim for minimally symptomatic cervical spondylosis, right shoulder rotator cuff tear status post repair, right shoulder acromioclavicular joint and glenohumeral joint arthritis, sacroiliac joint dysfunction, neurogenic claudication, right greater trochanter bursitis, and degenerative scoliosis above and L3-S1 fusion associated with an industrial injury date of August 11, 2002. Medical records from 2011-2014 were reviewed. The patient complained of chronic low back and sacroiliac joint pain, grade 9/10 in severity. The pain radiates down the right lower extremity with fatigue when walking less than five minutes. There was noted right hip pain and leg weakness as well. Physical examination showed the patient walking on an antalgic gait, favoring the left lower extremity. There was tenderness centrally in the lumbar spine. There was decreased sensation on the buttock, groin, and lateral thigh. Reflexes were 1+ on both knees and absent on the right ankle. Motor strength was 4/5 on the right on hip flexion and ankle dorsiflexion. Patient was positive for pelvic compression test, Fortin's sign and Gaenslen's sign. MRI of the lumbar spine, dated December 18, 2013, revealed findings consistent with L3 and L4 dorsolateral and osseous fusion and additional L4 and L5 laminectomy; moderate L1-L2 and severe L2-L3 spinal canal stenosis; moderate right and mild to moderate left T10-T11, mild to moderate right T11-T12, mild to moderate bilateral L1-L2 and L2-L3, mild to moderate right L3-L4, mild to moderate bilateral L4-L5, and moderate bilateral L5-S1 neural foraminal stenosis. Treatment to date has included medications, activity modification, shoulder surgery, right great trochanter corticosteroid injection, lumbar epidural steroid injection, and lumbar decompression surgery and discectomy. Utilization review, dated January 16, 2014, denied the request for bilateral SI joint blocks with arthrogram because there was no documentation in the records provided that this patient has a minimum of 3 clinical diagnostic findings consistent with SI joint dysfunction.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **BILATERAL SI JOINT BLOCKS WITH ARTHROGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Perlis, Sacroiliac Blocks (Official Disability Guidelines).

**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 blocks.

**Decision rationale:** CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI block include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). In this case, the patient has significant low back pain with positive pelvic compression, Fortin's and Gaenslen's test. Although patient presents with evidence of sacroiliac joint dysfunction, a trial of aggressive conservative management aside from medical therapy have not been documented, which includes physical therapy and home exercises. The guideline criteria have not been met. Therefore, the request for bilateral SI joint blocks with arthrogram is not medically necessary.