

<b>Case Number:</b>	CM14-0015582		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 30-year-old male who reported an injury on 12/05/2011. The mechanism of injury was a fall. Per the progress note dated 05/22/2013, the injured worker continued to have low back pain that radiated down into his right and left foot bilaterally. The injured worker rated his pain at 6/10. On physical examination of the lumbar spine, the injured worker had 25% flexion, 25% extension, and 25% lateral bending and rotation. The injured worker was unable to perform Patrick's test or a straight leg raise due to discomfort. Per the imaging note dated 03/29/2013, the injured worker underwent a nuclear medicine bone and/or joint scan and results showed a normal examination. There were no abnormal findings. The diagnoses reported for the injured worker were idiopathic axial low back pain, intermittent bilateral lower extremity pain, and possible discogenic low back pain. A request for authorization for medical treatment was not included in the provided documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL SACRAL ILIAC JOINT 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 an SI injection is an option if the injured worker failed at least 4 to 6 weeks of aggressive conservative therapy. This is not recommended for early hip osteoarthritis. It 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 presence of other low back pathology. The criteria for the use of sacroiliac block injections is that the history and physical of the injured worker suggests that the diagnosis with documentation of at least 3 positive exam findings. In addition, the guidelines state the injured worker must participate in and fail at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. There is a lack of documentation regarding adequate conservative therapy except for medication and an unspecified number of chiropractic treatments that the injured worker reported as ineffective. There was a lack of documentation regarding any other conservative therapy such as physical therapy. There was a lack of documentation regarding objective physical findings to demonstrate the need for a sacroiliac joint injection. Therefore, the request for the bilateral sacroiliac joint injection is non-certified.