

<b>Case Number:</b>	CM14-0016332		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	08/22/2000
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 and Rehabilitation 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:

Clinic note dated 01/16/2014 documents the patient with a diagnosis of bilateral sacroiliac joint arthropathy, status post thoracolumbar fusion with facet mediated pain and hyperlipidemia. The patient reports pain in her lower back. The patient is taking Cymbalta and Nucynta. She reports a VAS sensory of 9 with an affective component of 9. She reports a gradual onset of right lower back pain, right buttock pain and right thigh pain over its posterior aspect. She also complains of anterior lower leg numbness. She reports that her symptoms are intermittent and associated with numbness and tingling of her right calf. Her symptoms are increased by prolonged sitting, standing, and riding the brake in the automobile. On exam, the patient demonstrates S1 posterior foraminal tenderness, 2 to 3+ on the right and trace on the left; Right sciatic notch is 1+ and tender with palpation. There is midline L2-3, L3-4 trace tenderness only. Diagnosis is right sacroilitis (subacute). The patient is treated with Flector patches and was scheduled for a right-sided SI joint injection under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SIDE 3-1 JOINT INJECTION UNDER FLUROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 611.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HIPS AND PELVIS, SACROILIAC JOINT BLOCKS.

**Decision rationale:** According to ODG guidelines, The Sacroiliac joint blocks are recommended when the patient meets the following criteria: The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The medical records document subjective and objectives do not correlate with the diagnosis of Right Sacroiliitis, i.e: anterior lower leg numbness and negative straight leg raise bilaterally respectively. Also, the medical records do not document if the patient went through aggressive conservative therapy including PT. Therefore, on the lack of documentation of failed conservative measures, the medical necessity for Right side 3-1joint injection under fluoroscopy is not established.