

<b>Case Number:</b>	CM14-0126853		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Illinois. 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 51-year-old male who reported injury on 11/02/2012. The mechanism of injury was the injured worker was lifting a large bag of ice. The injured worker's medications were noted to include Norco 10/325 mg and Ibuprofen 800 mg. The documentation indicated the surgical history was noncontributory. There was a lack of documentation of diagnostic studies. The PR-2 dated 08/08/2014 in appeal for the denial of an injection indicated the injured worker had pain with prolonged sitting, standing, lifting, twisting, driving, any activities, lying down, coughing, sneezing, and bearing down. The physical examination revealed the injured worker had decreased range of motion in the bilateral lower extremities and trunk. Side bending was within normal limits to the right and was decreased to the left. The lumbar disc provocative maneuvers were negative bilaterally. The lumbar discogenic provocative maneuvers, including sustained hip flexion, were positive on the left and negative on the right. The sacroiliac provocative maneuvers, including the Gaenslen's, Patrick's maneuver, SI compression, Yeoman's and pressure at the sacral sulcus were positive on the left and negative on the right. Nerve root tension signs were negative bilaterally. The diagnoses included positive fluoroscopically guided diagnostic left sacroiliac joint injection, left sacroiliac joint pain, left paracentral disc protrusion at L5-S1 with annular disc tear, moderate left L5 neural foraminal stenosis, lumbar facet joint arthropathy and lumbar sprain/strain. The treatment plan included the injured worker had a previous positive fluoroscopically guided diagnostic left sacroiliac joint injection which provided 70% relief of the injured worker's pain 30 minutes after the injection and it lasted for greater than 2 hours. The physical examination had supportive findings. The documentation indicated this was a not a request for a repeat left sacroiliac joint radiofrequency nerve ablation, but a fluoroscopically guided therapeutic left sacroiliac joint injection. The injured worker was noted to have failed 16 sessions of physical therapy in the lumbar spine in 2012. The injured worker

was noted to be participating in a home exercise program for 6 months prior to the request with no relief of low back pain and left sacroiliac joint pain. The documentation indicated the injured worker failed NSAIDs and conservative treatments. The original date of request was not provided. There was no Request for Authorization submitted for the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fluoroscopically guided therapeutic left sacroiliac joint injection with moderate sedation:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Hip and Pelvis chapter, Sacroiliac joint blocks.

**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 Chapter, Sacroiliac joint blocks.

**Decision rationale:** The Official Disability Guidelines recommends sacroiliac joint block that 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. The clinical documentation submitted for review indicated the injured worker had 70% relief lasting for greater than 2 hours upon the injection. A positive diagnostic response is reported as 80% for the duration of the local anesthetic. The clinical documentation submitted for review failed to indicate a positive diagnostic response as per the guideline recommendations. Given the above, the request for Fluoroscopically guided therapeutic left sacroiliac joint injection with moderate sedation is not medically necessary.