

<b>Case Number:</b>	CM14-0129411		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	05/05/2001
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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, 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:

This 72 year-old patient sustained an injury on 5/5/2001 while employed by [REDACTED]. Request(s) under consideration include Bilateral SI joint block injection quantity 1.00. AME report of 6/10/14 noted the patient did not require any additional medical treatment for the left knee other than bi-annual x-rays and over-the-counter medications with medical follow-up for exacerbations. It was noted further PT or chiropractic care was not medically necessary for the lower back along with work conditioning program. Follow-up AME report of 12/16/05 noted no change in opinions or treatment recommendations. Report of 6/26/14 from a provider noted the patient to have medication refill; no musculoskeletal exam was provided. The patient remained retired. Report of 7/9/14 noted patient with significant lower back pain along with pain in the thighs, buttocks, and feet rated at 3-4/10. There is history of prostate cancer. Medications list Soma, Ambien, and Norco. Exam showed normal gait; diminished strength at ankle/ otherwise with 5/5 grade; tenderness over bilateral SI joints with positive Faber, Gaenslen, and Fortin's testing. X-rays showed multilevel facet arthropathy, osteophytes, and degenerative disc disease. Diagnoses included lumbar degenerative disc disease/ facet arthropathy/ spinal stenosis; sacroiliitis; and neurogenic claudication. Treatment with SI injections for sacroiliitis. Request(s) for Bilateral SI joint block injection qty 1.00 was non-certified on 7/17/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Si joint block injection qty 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation 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 Chapter, SI Joint, pages 263-264.

**Decision rationale:** ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with positive specific tests for motion palpation and pain provocation for SI joint dysfunction, no persistent findings are demonstrated on medical reports submitted nor was there evidence for failed conservative trial. It has also been questioned as to whether SI joint blocks are the "diagnostic gold standard" as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not met guidelines criteria especially when previous SI injections have not been documented to have provided any functional improvement for this 2001 injury. The Bilateral SI joint block injection quantity 1.00 is not medically necessary.