MAXIMUS Federal Services

| Case Number: | CM14-0133691 | | |
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| Date Assigned: | 08/25/2014 | Date of Injury: | 06/07/1989 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/05/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

## 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:

The patient is a female (age not disclosed) who sustained an industrial injury on 6/7/1989. The primary diagnosis is lumbago. She has been treating for chronic low back pain. According to the 7/10/2014 progress report, the patient returns for follow-up, she has been having moderate pain near the right sacroiliac joint, pain occasionally extends to the right leg. Active thoracolumbar ROM was limited to 45 degrees forward flexion and 10 degrees extension, before experiencing low back pain, and lateral bending is 15 degrees in either direction. Motor exam is normal in all motor groups of the lower extremities, sensory is normal to light touch, and reflexes are 0-1+ and symmetric. No pathologic reflexes detected. Hip ROM is full bilaterally, no groin or thigh with hip ROM. Her x-rays show she has a very complicated back, multilevel fusion and degenerative lumbar scoliosis and some segmental disease. The 7/10/2014 procedure note documents an ultrasound imaging of the pelvis and right SI joint injection was administered under ultrasonic guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasonic exam and injection of the right sacroiliac joint DOS 07-10-14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Lumbar & Thoracic Official Disability Guidelines; Pain

**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:** The CA MTUS guidelines do not address this request. According to the Official Disability Guidelines, Sacroiliac joint blocks may be recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy (PT, home exercise and medication management), and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings), of SI joint dysfunction. However, the medical records do not establish the patient has findings consistent with SI joint pathology. The submitted documentation does not substantiate the patient has SI joint dysfunction. Therefore, she was not a viable candidate for the SI joint injection under ultrasound guidance, and the medical necessity was not established.