

<b>Case Number:</b>	CM14-0157825		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	11/22/2002
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 53 year-old patient sustained an injury on 11/22/2002. Request(s) under consideration include 1 bilateral sacroiliac joint injection under IV sedation. The patient is s/p lumbar fusion surgery. Conservative care has included medications, therapy, and modified activities/rest for ongoing chronic symptom complaints of radiating low back pain into the lower extremities along L5 dermatome in the right lower extremity. Exam of 8/26/14 from the provider noted findings of tenderness at lumbar paraspinal musculature, SI joints with positive Patrick's, Gaenslen, and Faber's testing; antalgic gait with use of cane. It was noted the patient has failed conservative therapy with other possible pain generators evaluated. The request(s) for 1 bilateral sacroiliac joint injection under IV sedation was non-certified on 9/15/14 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:

**1 bilateral sacroiliac joint injection under IV 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)

**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:** This 53 year-old patient sustained an injury on 11/22/2002. Request(s) under consideration include 1 bilateral sacroiliac joint injection under IV sedation. The patient is s/p lumbar fusion surgery. Conservative care has included medications, therapy, and modified activities/rest for ongoing chronic symptom complaints of radiating low back pain into the lower extremities along L5 dermatome in the right lower extremity. Exam of 8/26/14 from the provider noted findings of tenderness at lumbar paraspinal musculature, SI joints with positive Patrick's, Gaenslen, and Faber's testing; antalgic gait with use of cane. It was noted the patient has failed conservative therapy with other possible pain generators evaluated. The request(s) for 1 bilateral sacroiliac joint injection under IV sedation was non-certified on 9/15/14. 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, none have been specifically demonstrated ruling out other etiology on medical reports submitted. 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 for this 2002 injury s/p lumbar fusion with continued chronic radicular low back symptoms into the lower extremities. The 1 bilateral sacroiliac joint injection under IV sedation is not medically necessary and appropriate.