

<b>Case Number:</b>	CM14-0159755		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

There were 67 pages provided for this review. The request was for a right SI joint injection. The application for independent medical review was signed on September 25, 2014. The claimant is a 59-year-old man injured back in April 2012 after moving welding machines. The diagnosis was discogenic back pain and sacroiliac joint dysfunction. An epidural steroid injection provided 30% relief. He has seen multiple spinal surgeons who recommend minimally invasive treatment. One Dr. recommended disc replacement and another recommended no surgery. An MRI from December 2013 showed disc replacement showed a small dorsal high-intensity sound consistent with a small annular tear at L5-S1. There was no compression of neural elements. There is no documented physical exam findings in support of sacroiliac joint dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right S1 Joint Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip Chapter, Sacroiliac Joint Injection

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, under Sacroiliac Injections

**Decision rationale:** Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. The Official Disability Guidelines (ODG) notes for Sacroiliac Injections: The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Imaging studies are not helpful. There simply is not at least a triad of sacroiliac signs; the injection was appropriately not medically necessary and appropriate.