

<b>Case Number:</b>	CM14-0163189		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/29/1999
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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:

This 58 year-old patient sustained an injury on 3/29/1999 while employed by [REDACTED]. Request(s) under consideration include 1 Sacroiliac (SI) Joint Injection. Diagnoses include lumbosacral degenerative disc; lumbar postlaminectomy syndrome status post L4-S1 fusion in 7/2000 with hardware removal on 7/6/04; spinal cord stimulator placement in 2008; sacroiliac joint osteoarthritis s/p SI joint fusion on 7/12/13. Conservative care has included medications, therapy, injections, and modified activities/rest. Report of 7/23/14 from the provider noted CT scan showed delayed union of SI fusion. The patient with continued left sacroiliac pain. The patient underwent SI joint injection without mention of outcome. Report of 9/17/14 from a provider noted patient being followed for chronic pain syndrome. The patient was noted to have injection in gluteal region and felt better along with medications; stim helps the leg. Medications list Baclofen, Butrans patch, Cymbalta, Flector patch, Hydrocodone 10/325mg and Lidoderm patch. Exam showed tenderness in paraspinal region/ iliolumbar pain; positive SLR (straight leg raise); decreased S1 sensation at posterior leg and foot with antalgic gait. Treatment included continuing with pain medications and the patient remained not working. The request(s) for 1 Sacroiliac Joint Injection was non-certified on 9/22/14 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 Sacroiliac 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 (ODG)-Treatment for Workers' Compensation, Online Edition Chapter: Hip and Pelvis (Acute & Chronic), 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 Chapter, SI Joint, pages 263-264

**Decision rationale:** ODG notes 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 status post SI joint fusion have not been documented to have provided any functional improvement for this 1999 injury, continuing on same opioid regimen without functional improvement, change in ADLs (activity of daily living), or decreased medical utilization. The request for SI joint block injection qty 1.00 is not medically necessary and appropriate.