

<b>Case Number:</b>	CM14-0164650		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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, has a subspecialty in Interventional Spine 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 59 year old female with date of injury 8/2/12. The treating physician report dated 9/19/14 indicates that the patient presents with chronic lower back pain. The physical examination findings reveal increased low back pain with lumbar extension that is limited to 50%, tenderness to palpation over L1 spinous and left SI joint, negative SLR, normal reflexes and normal motor and sensory exam. MRI of pelvis dated 6/13/14 reveals normal appearing SI joints bilaterally. The current diagnoses are: 1.Chronic lumbosacral strain 2.Left SI joint dysfunction. The utilization review report dated 9/26/14 denied the request for left SI joint injection based on the ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SI left sided 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Online Hip and Pelvis chapter

**Decision rationale:** The patient presents with lower back pain and tenderness of the left S/I joint. The current request is for a SI left sided joint injection. The treating physician states that the patient was seen by another physician and it was recommended that a diagnostic/therapeutic left SI joint injection is performed and the physician concurred with that recommendation. The MTUS guidelines do not address sacroiliac joint injections so the ODG guidelines are used. The first criteria for the use of sacroiliac blocks state that the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. The physician in this case does not document a complaint of pain in the SI joint, only the lower back and states that the only objective finding is tenderness to palpation of the left SI joint. The physician has failed to document any motion palpation or pain provocation examination findings to support a diagnosis of S/I joint dysfunction which is the first criteria for S/I joint blocks. The treating physician failed to document the necessary criteria for performing a sacroiliac block. As such the request is considered not medically necessary.