

<b>Case Number:</b>	CM14-0170006		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Pain Management 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 is a 65-year-old female with a work related injury that occurred April 4, 1989; documentation reviewed did not contain a description of the injury. The documentation by the treating physician on September 9, 2014 reflected the worker presented with neck pain that radiated down the bilateral upper extremities that was aggravated with activity and walking, thoracic back pain that was constant and moderately sharp in nature, right hip and sacral pain and left thumb pain. Pain was rated on a scale of ten with pain without medication nine and with medication seven. Diagnosis documented as this visit included cervical radiculopathy, lumbar radiculopathy, constipation, gastroesophageal reflux disorder, medication related dyspepsia, chronic pain, Sacroiliitis on the right, status post pacemaker and non-steroid anti-inflammatory drugs intolerance. Treatment history included conservative treatment with drug therapy, activity modification and physical therapy. Diagnostic testing included magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, nerve conduction studies of the upper extremity, x-ray of the lumbar spine and pelvis. At this visit the physician recommended right sacroiliac joint intra-articular injection, this had previous been non-certified one year prior on September 4, 2013. The UR determination dated September 15, 2014 documented non-certification of the injection based on "ODG (Official Disability Guidelines) criteria for sacroiliac joint injections not documented to be met. There is no information documented regarding the number of visits and the outcome of prior conservative therapy including physical therapy".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sacroiliac joint intra-articular:** 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) Hip & Pelvis (updated 03/25/14) 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:** This is a 65-year-old female with a work related injury that occurred April 4, 1989. Diagnosis documented as this visit included cervical radiculopathy, lumbar radiculopathy, constipation, gastroesophageal reflux disorder, medication related dyspepsia, chronic pain, Sacroiliitis on the right, status post pacemaker and non-steroid anti-inflammatory drugs intolerance. Treatment history included conservative treatment with drug therapy, activity modification and physical therapy. Report stated sacral pain without any clinical findings relating to diagnosis of Sacroiliitis. 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 demonstrated 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 when previous SI injections have not been documented to have provided any functional improvement for this 2004 injury. The Right sacroiliac joint intra-articular is not medically necessary and appropriate.