

<b>Case Number:</b>	CM14-0180427		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	11/13/1997
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 50-year-old male with an injury date of 11/13/1997. According to the 08/06/2014 progress report, the patient has pain in his back and left lower extremity neuropathic pain as a result from his surgery. His worst area of pain is described as tightness throughout the lumbar region and bilateral hips and groin. The patient has lumbar paraspinal tenderness, right greater than left and a right sacroiliac (SI) joint pain to palpation. The patient also has tenderness diffusely over the right buttock. He has an antalgic weight-bearing gait on his left hip/leg. In regards to the lumbar spine, there is a limited range of motion in all directions as well as tenderness with palpation over the bilateral lumbar paraspinal musculature. The 09/09/2014 report indicates that the patient rates his pain as a 6/10 and continues to have lower back pain as well as intermittent bilateral lower extremity numbness. The patient now complains of left hip pain intermittently with some crepitus. On the 10/07/2014 report, the patient rates his pain as a 4/10 and continues to have low back pain, bilateral buttock, and hip pain. The patient's diagnoses include the following: 1. Sacroiliitis NOS 2. Postlaminectomy syndrome, lumbar spine 3. Degeneration of lumbar disk 4. Displacement of lumbar intervertebral disk without myelopathy 5. Lumbago 6. Lumbar radiculitis/radiculopathy 7. Myositis NOS 8. Pelvic/hip pain 9. Bursitis of hip The utilization review determination being challenged is dated 10/14/2014. Treatment reports were provided from 04/29/2014 - 10/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral sacroiliac (SI) joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) chapter, Sacroiliac joint blocks

**Decision rationale:** Based on the 10/07/2014 progress report, the patient complains of having low back pain with bilateral lower extremity radiculopathy. The request is for a bilateral SI joint injection. ODG Guidelines state SI joint injections are recommended as an option if failed at least 4 to 6 weeks of aggressive conservative therapy. The 10/17/14 report states "He has failed conservative therapy such as physical therapy (PT), non-steroidal anti-inflammatory drugs (NSAIDs), heat, and rest. Highly recommend bilateral sacroiliac injections. He had this done in January 2014 with 60% relief for 1 month. These are the most successful injections he has had, he says." ODG further states that, "The history and physical should suggest a diagnosis (with documentation of at least 3 positive exam findings as listed). Diagnosis: Specific test for motion, palpation, and pain provocation have been described for SI joint dysfunction: Cranial shear test; extension test; Flamingo test; Fortin finger test; Gaenslen's test; Gillet's test (one-legged stork test); Patrick's test (FABERE); 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)." ODG Guidelines further states "In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least greater than 70% pain relief is obtained for 6 weeks." In this case, the patient clearly states that he had a 60% relief for 1 month, not the minimum 70% pain relief as mentioned in the ODG Guidelines. Of the 3 exams that can be documented, the patient only tested positive for a Gaenslen's test and a Patrick's test. The request is not medically necessary and appropriate.