

<b>Case Number:</b>	CM14-0023087		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 55-year-old male who was injured on July 17, 2002. The patient continued to experience low back pain. He had undergone L3-4 laminectomy and fusion and additional spinal decompressive procedures. Physical examination was notable for normal motor function, normal sensory function, and pain with provocative maneuvers of his right sacroiliac joint. Previous CT and MRI scans demonstrate post-surgical changes related to L3-4 posterior decompression and fusion and adjacent level laminectomies. Diagnosis was post-fusion syndrome and right sacroiliac pain. Prior treatment included medications, physical therapy and interventional pain management. Request for authorization for pain management consultation for sacroiliac injections was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN MANAGEMENT CONSULTATION (SERIES OF SACROILIAC INJECTIONS):**  
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 and Pelvis Chapter, Joint Block Section.

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

**Decision rationale:** Sacroiliac (SI) joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. 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). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. Etiology 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. Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction. Criteria for SI joint blocks state that the history and physical should suggest the diagnosis with at least three positive of the tests for motion palpation and pain provocation. In this case there is no documentation of three positive tests. Criteria for SI joint blocks are not met. Medical necessity for the SI joint blocks has not been established. The pain consultation for the blocks is, therefore, not necessary.