

<b>Case Number:</b>	CM14-0029875		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Illinois. 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 injured worker is a 58-year-old female who reported an injury on 11/16/2011. The mechanism of injury occurred when she was pushing and pulling a cart full of cases of ham. The clinical note dated 02/10/2014 noted the injured worker presented with neck and low back pain. The diagnosis were lumbago, mechanical low back pain, left sacroiliitis, lumbar degenerative disc disease, history of lumbar spinal stenosis, myofascial pain syndrome, left greater trochanteric bursitis, possible left L2 radiculitis, and possible right L5-S1 facet joint arthropathy. An unofficial MRI demonstrated evidence of spinal stenosis. Prior therapy included surgery, injections, and medications. Upon examination of the lumbar spine, the range of motion values were at 60 degrees of flexion, 20 degrees of extension, 35 degrees of left lateral bending, and 35 degrees of right lateral bending. There was 5/5 strength in all major muscle groups except for the left thigh flexion where there was 3/5 to 4/5, decreased sensation to pinprick along the L2 and L3 dermatomes. There was also a positive Patrick's test to the left side and a positive Gillet's test to the left side. The provider recommended a left sacroiliac joint injection. The provider wants to evaluate the diagnosis of the left sacroiliitis by using this diagnostic block. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left 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- Treatment in Worker's Compensation, Online Edition Chapter: Hip & Pelvis, 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 and Pelvis, Sacroiliac Joint Blocks.

**Decision rationale:** The request for a left sacroiliac joint injection is not medically necessary. Official Disability Guidelines recommend sacroiliac joint blocks as an option if there is documentation of at least 4 to 6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is also difficult to make due to the presence of other low back pathology. This diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved. 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. There is limited research suggesting therapeutic blocks offer long term effect. There should be evidence of a trial of aggressive conservative therapy as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to the first SI joint block. The criteria for use of a SI block are history and physical should suggest the diagnosis; diagnostic evaluation must first address any other possible pain generators; the injured worker has had and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management; blocks are performed under fluoroscopy; and the block is not to be performed on the same day as a lumbar epidural steroid injection. The included medical documentation lacks evidence of the injured worker's failure of at least 4 to 6 weeks of aggressive conservative therapy that would include physical therapy, home exercise, and medication management. There was no evidence of an evaluation to first address other possible pain generators, and the provider's request did not include fluoroscopy in the request for the joint injection. As such, the request is not medically necessary.