

<b>Case Number:</b>	CM14-0030783		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/21/2014
<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 Texas and Oklahoma. 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 56-year-old male who reported an injury on 05/24/2011. The mechanism of injury was not provided within the documentation. The injured worker had prior treatments of physical therapy and NSAIDs. It was noted within the documentation that the injured worker did not have any effective symptomatic relief with the physical therapy. The injured worker continued on NSAIDs for pain control. His diagnoses were noted to be left sacroiliac joint pain, right sacroiliac joint pain, right L3-S1 facet joint pain, lumbar disc protrusion, lumbar stenosis, lumbar facet joint arthropathy, lumbar sprain/strain, and exacerbation of pre-existing depression due to chronic pain. The injured worker had a physical exam on 03/05/2014. The injured worker's complaints were noted to be bilateral low back pain and buttock pain. The physical examination indicated tenderness upon palpation of the lumbar paraspinal muscles overlying the right L3-S1 facet joints, and bilateral sacroiliac joints. The treatment plan includes continuing ibuprofen, Nucynta, and Cymbalta. The provider's rationale for the request was not provided with the documentation. The request for authorization for medical treatment was dated 3/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sacroiliac Joint Injection under Fluoroscopic Guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Sacroiliac Joint Blocks, Criteria for Sacroiliac 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 under fluoroscopic guidance is not medically necessary. The Official Disability Guidelines indicate criteria for the use of sacroiliac blocks. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings such as a cranial shear test, extension test, flamingo test, fortin finger test, Gaenslen's test, Gillet's test, Patrick's test, pelvic compression test, pelvic distraction test, pelvic rock test, resisted abduction test, sacroiliac shear test, standing flexion test, seated flexion test, or thigh thrust test. The diagnostic evaluation must first address any other possible pain generators. The injured worker had a physical evaluation on 03/05/2014 with complaints of bilateral low back pain and buttock pain. The objective findings included tenderness upon palpation of the lumbar paraspinal muscles overlying the right L3-S1 facet joints and bilateral sacroiliac joints. It is noted that the sacroiliac provocative maneuvers, including Gaenslen's and Patrick's maneuver, tender sacral sulcus were positive bilaterally. The injured worker's diagnosis is left sacroiliac joint pain. According to the guidelines, a diagnosis of sacroiliac dysfunction with documented at least 3 positive exam findings are necessary and the clinical evaluation only indicates left sacroiliac joint pain with 2 tests listed. The evaluation fails to provide any other possible pain generators. The documentation fails to provide indications of failed conservative therapy including 4 to 6 weeks of physical therapy, home exercise, and failed medication management. Therefore, the request for left sacroiliac joint injection under fluoroscopic guidance is not medically necessary.