

<b>Case Number:</b>	CM14-0032908		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/15/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 59-year-old female patient diagnosed with sacroiliitis and carpal tunnel syndrome following a work-related injury on 03/13/12. A request for a right SI joint injection was non-certified at utilization review on 02/21/14 with the reviewing physician noting that based on date of injury, location of pain and the fact that there is a disc bulge at multiple levels and pain in the bilateral lower extremities, there was no clear indication (other than positive Gaenslen's test of any sacroiliac joint pathology). It was also felt that such injections do not offer any significant relief and these are only an option if certain care has been initiated. There was no documentation of her care today date of the sacroiliac joint. Progress note dated 02/05/14 indicates the patient to have low back pain and bilateral leg pain. There is reference to an MRI showing L4-L5 disc bulge, facet arthrosis, L5-S1 disc bulge, and mild deformity of the anterior thecal sac. She complains of low back pain and pain down the back of both legs. Her facets were injected on the right at L4-L5 and the right L4 median branch and right L5 median branch, which she reported did not help her pain. Therefore, it was not felt that her pain is from the facets. It was reported she has a positive thigh thrust and positive Gaenslen's test and right sacroiliac greater than left sacroiliac tenderness. Authorization was requested to try a right sacroiliac joint injection. There is a supplemental report dated January 13, 2014 indicating daily chiropractic treatment in 2012, carpal tunnel release performed 01/03/13. On 4/29/13 there was reportedly a recommendation for a lumbar epidural, which was approved, but the patient declined indicating they would like to continue with acupuncture. There are several handwritten progress notes of limited legibility provided for review. Most recent note included is dated 05/01/14 and indicates the patient continues to report low back pain with right SI joint pain that caused her to fall down and bruised the right knee. Patient complained of hand/wrist pain with numbness. Physical examination

findings noted pain over the right SI joint and leg. Positive Tinel's bilaterally and positive Phalen's test bilaterally were noted. Recommendation was to try the SI joint injection.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right 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 and Pelvis, Sacroiliac joint block.

**Decision rationale:** ODG Criteria for the use of sacroiliac blocks states: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. Documentation in this case identifies the patient have low back pain with radiation down the lower extremities. There was noted patient has failed a medial branch block. Prior treatment included chiropractic treatment in 2012, although actual notes were not included for review and it is not clear if this treated for carpal tunnel syndrome or the low back symptoms. There is no documentation of the patient having undergone recent physical therapy targeting SI joint pain. There are no significant objective findings on examination including 3 positive provocative tests to support SI joint pathology. The patient's current medications are not identified in any of the notes. There was reference to acupuncture having been performed, although these notes also were not provided. MRI findings identify bulging disks, annular fissure, and some minimal central and bilateral foraminal stenosis. The patient was previously recommended for and authorized for a lumbar epidural steroid injection, but declined the injection. As history and physical does not suggest the SI joint to be the patient's main pain generator, diagnostic evaluation has not first addressed other possible pain generators (such as radiculopathy), and there is no documentation the patient has failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management, they requested sacroiliac joint injection is not considered medically necessary.