

<b>Case Number:</b>	CM14-0037661		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/17/2008
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Occupational 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:

Patient is a 58 year-old female with date of injury 12/07/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/03/2014, lists subjective complaints as bilateral buttocks pain with posterior thigh pain. Patient had a radiofrequency treatment in April/May of last year. Objective findings: Examination of the lumbar spine and lower extremities revealed no decreased range of motion, but tenderness to palpation of the bilateral sacroiliac joints and greater trochanteric bursas. Diagnosis: 1. Lumbar degenerative disc disease with facet pain 2. Failed back surgery syndrome 3. Bilateral sacroiliitis 4. Greater trochanteric bursitis. Patient is status post lumbar surgery, (date not given) and has been diagnosed with failed back syndrome. Patient has had an injection treatment in the right sacroiliac joint, piriformis and greater trochanteric bursa performed on 10/17/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Sacroiliac joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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), Sacroiliac joint blocks.

**Decision rationale:** The Official Disability Guidelines (ODG) state that there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first sacroiliac joint block. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. Although the patient found the first SI joint injection was helpful, the head available the medical documentation does not meet the ODG criteria required for authorization of a second set of injections.