

<b>Case Number:</b>	CM14-0039549		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/24/2005
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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:

The claimant injured his low back on 10/24/05 and a right SI joint injection is under review. He was approved in February 2014 for an epidural steroid injection. He saw [REDACTED] on 10/08/13. He reported that his leg pain was a little worse. He had daily and fairly constant low back pain at level 5/10 that radiated to the right buttock and down the right thigh to the calf and ankle/foot region with constant numbness and tingling in the calf region. His leg felt heavy, uncoordinated, and weak. He had mild weakness of the right EHL (Extensor Hallucis Longus), right ankle inversion/eversion, and dorsiflexion/plantar flexion. He also showed back spasm and guarding. Straight leg raise was negative. He had diminished toe and heel walking. The SI joints were not assessed. He was diagnosed with chronic L5-S1 radiculopathy on the right that was confirmed by a recent electrodiagnostic study. He had an epidural steroid injection on 11/06/13. On 01/28/14, he reported 75% relief of his pain for about one month but the pain returned. He was having twinges of sharp pain in the right buttock when he got out of bed but it resolved when he got going. He was still having trouble with his right leg feeling heavy and uncoordinated. He was taking Aleve and Norco. Again there was no documented evidence of SI joint dysfunction. Of note on 01/30/14, both SI joints were painless on exam. ESI's (epidural steroid injections) were ordered. On 02/07/14, he was seen again and underwent an epidural injection. He was seen by [REDACTED] on 02/28/14 and complained of low back pain radiating to the right ankle and calf and thigh. The symptoms were worse with physical activity. He had tenderness over the buttocks and SI joint with positive Patrick's test and stork test. Bilateral lower extremity strength was normal. MRI revealed at L5-S1 central canal stenosis and bilateral neuroforaminal stenosis. He has had epidural injections and PT. An SI joint injection was recommended. He still had pain that radiated down his right leg. His SI joints were painless. Patrick Fabere test was positive on the right side. An SI joint injection was recommended.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right Sacroiliac Joint Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), use of 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), LOW BACK, SACROILIAC INJECTIONS.

**Decision rationale:** The history and documentation do not objectively support the request for a right sacroiliac joint injection. The MTUS do not address sacroiliac injections. The ODG state sacroiliac injections are "recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy." Typically, injections are done only in conjunction with exercises, both before and after the injections to make sure the injections are reasonable and appropriate and to help maintain any benefit that is received. In this case, the claimant reportedly attended PT but there is no documentation of an aggressive program of exercise for at least 4 weeks that specifically targeted the sacroiliac joint. The notes demonstrate no sacroiliac findings until 02/28/14 when Patrick Fabere test was positive. It is not clear what happened, including whether the claimant was reinjured, to explain this change in his findings or whether sacroiliac joint dysfunction is a new finding. There is no evidence that he has attended an aggressive program of rehab for at least four weeks prior to this request. Therefore, under these circumstances, the medical necessity of a right sacroiliac joint injection has not been clearly demonstrated.