

<b>Case Number:</b>	CM14-0052178		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 42-year-old male who reported injury on 05/01/2012 with a mechanism of injury being a motor vehicle accident. The injured worker underwent MRIs of the lumbar spine, cervical spine, and x-rays of the lumbar and cervical spine. The prior treatments included medications, chiropractic treatment, physical therapy, activity modification, and acupuncture. The surgical history was not provided. The documentation of 02/24/2014 revealed the injured worker had complaints of neck and low back pain with upper and lower extremity complaints. The injured worker's medication was Norco 7.5/325 mg 2 tablets daily. The objective findings revealed the injured worker had a positive faber test on the left, deep tendon reflexes that were brisk and symmetric, and a positive stork test on the left. The injured worker had tenderness to palpation over the SI joint. The diagnoses included left sacroiliitis. The treatment plan included a continuation to request authorization for a left SI joint injection due to positive signs of sacroiliitis including faber, tenderness to palpation, and the stork test. The original date of request was not provided. There was a Request for Authorization dated 02/24/2014 submitted for review.

### 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

**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 Chapter Sacroiliac joint blocks

**Decision rationale:** The Official Disability Guidelines recommends sacroiliac joint blocks when the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings including the Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). The diagnostic evaluation must first address any other possible pain generators and there should be documentation that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including Physical therapy, home exercise and medication management. The clinical documentation submitted for review indicated the injured worker had 2 positive examination findings. There was lac of documentation that all other pain generators had been addressed. There was a lack of documentation indicating the injured worker had trialed and failed at least 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise, and medication management. Given the above, the request for Left Sacroiliac Joint Injection is not medically necessary.