

<b>Case Number:</b>	CM14-0055003		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/29/2005
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 38 year-old with a date of injury of 03/29/05. Progress reports associated with the request for services, dated 12/17/13 and 03/17/14, identified subjective complaints of low back pain into the left leg. Objective findings included paracervical tenderness and a positive straight leg-raising. The sacroiliac joint exam was not documented. Diagnoses included lumbar radiculopathy; lumbar degenerative disc disease; cervical disc disease; cervical radiculopathy; and hip osteoarthritis. Treatment had included a sacroiliac injection on an unspecified date that reduced his back pain from 8/10 to 3/10. The patient has also been treated with oral analgesics. A Utilization Review determination was rendered on 03/21/14 recommending non-certification of "Right Sacroiliac Joint Injection".

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for the use of sacroiliac blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Injection with Anesthetics and/or

Steroids Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that injections of corticosteroids or local anesthetics should be reserved for patients who do not improve with more conservative therapies. They do not specifically address sacroiliac joint injections. The Official Disability Guidelines (ODG) states, that sacroiliac joint blocks are recommended as an option if a patient has failed at least 4-6 weeks of aggressive therapy (comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories). Criteria for sacroiliac blocks as listed as: The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings (positive tests for motion palpation and pain provocation). Diagnostic evaluation must first address any other pain generators. The patient has failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercises and medication management. Blocks are performed under fluoroscopy. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for that period. For therapeutic injections, the suggested frequency for repeat blocks is 2 months or longer between each injection. The block is not to be performed on the same day as an ESI (Epidural Steroid Injection), transforaminal ESI, facet joint injection, or medial branch block. Injections should be limited to a maximum of 4 times over a period of 1 year. In this case, the record does not document the above criteria. Specifically, the 3 positive exam findings, 4-6 weeks of aggressive treatment, and a 70% pain reduction for 6 weeks from the previous injection. Therefore, the request of Right Sacroiliac Joint Injection is not medically necessary and appropriate.