

<b>Case Number:</b>	CM14-0060854		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Montana. 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 sustained an injury on 8/22/12 when lifting a calibrator weighing approximately 60 pounds. He complained of low back pain with occasional radiation to the posterior thigh and tenderness to palpation at the right SI joint. Treatments have included physical therapy, chiropractic treatment, medications and facet injections. His diagnoses include SI joint pain/sprain, lumbago and chronic pain. Current medications include Celebrex and Tizanidine. The medical records provided show that he has a positive Patrick's and Gaenslen's test. The primary treating physician has requested a right sacroiliac joint injection under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Sacroiliac Joint Injection under Ultrasound Guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter (Acute & Chronic), Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Procedure Index, Hips and Pelvis, Sacroiliac Joint Injection/Block.

**Decision rationale:** The MTUS does not address sacroiliac (SI) joint injections specifically. The ODG guidelines recommend sacroiliac joint injection as an option if failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). Criteria for use of sacroiliac blocks include first addressing any other possible pain generators and at least 3 positive tests for SI joint dysfunction. 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 SI 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. In this case only 2 of the tests for sacroiliac joint dysfunction are positive, not 3 as recommended in the ODG criteria for use of sacroiliac blocks. The request for right sacroiliac joint injection under ultrasound guidance is not medically necessary.