

<b>Case Number:</b>	CM14-0089350		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/14/2007
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 & Rehabilitation 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 injured worker is a 56-year-old male who was injured after he slipped and fell at work on 10/14/07 and currently is being treated for ongoing back pain complaints. He has been diagnosed with right sacroiliac dysfunction and a right Sacroiliac injection was performed on 03/21/14. He had 50% improvement with the first injection and the second injection. His pain is now increasing again. He is currently on Amlodipine, Norco, BuTrans patch, Ambien, Tizanidine, and Lyrica. On exam, there is positive Patrick's test, positive Gaenslen's test, Fortin finger test and a positive compression test on the right. MRI of the lumbar spine on 05/07/12 showed L1-2 1 mm broad based posterior disk, L3-4, 2 mm broad based posterior disk, L4-5, 3 mm broad based posterior disk with mild hypertrophic changes at facet joints, L5-S1, 3 mm central posterior disk. Diagnoses: Right sacroiliac joint dysfunction and lumbar disc herniation, degenerative disc disease at L4-5 and L5-S1, multilevel lumbar disc protrusion, worse at L4-LS and LS-S1, and opioid dependence. The patient is recommended to undergo a repeat right sacroiliac joint block with contrast. The request for an injection for right Sacroiliac joint was denied on 05/14/14 due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection of right Sacroiliac joint infusion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter; 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), Hip & Pelvis, SI joint

**Decision rationale:** According to ODG guidelines, The Sacroiliac joint blocks are recommended when the patient meets the following criteria: The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above); Diagnostic evaluation must first address any other possible pain generators; The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. In this case, however, there is no documentation of trial and failure of aggressive conservative therapy such as PT. Therefore, the medical necessity for Right SI joint injection is not medically necessary.