Case Number:	CM14-0090756		
Date Assigned:	07/23/2014	**Date of Injury:**	06/21/2009
Decision Date:	08/28/2014	**UR Denial Date:**	05/09/2014
Priority:	Standard	**Application Received:**	06/16/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 59 year old male. His injury date was 6/21/09 while moving a refrigerator. He underwent a L4-S1 fusion in May 2012, a spinal cord stimulator was placed on 6/24/13 and then subsequent removal 12/12/13. The injured worker was evaluated for right sacroiliac joint pain. The injured worker had just discontinued use of Fentanyl and was taking Methadone and Oxycodone. The exam indicates tenderness to palpation right sacroiliac joint, positive Faber. The subjective complaints include pain in bilateral buttocks radiating to right lower extremity. There was a negative pelvic compression and distraction test. The injured worker had been treated with physical therapy, acupuncture, Oxycodone and ablation procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Block with Arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, 18th Edition, 2013 Updates, Chapter Hip, Sacroiliac joint injection.

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 (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: Sacroiliac joint dysfunction is a difficult diagnosis. Perhaps the biggest reason for misdiagnosis or lack of diagnosis of sacroiliac joint dysfunction is based on the inability of common radiological imaging to discern the disorder. Diagnostic testing, such as X-ray, computerized tomography scan, or magnetic resonance imaging, does not usually reveal abnormalities therefore they cannot reliably be used for diagnosis of sacroiliac joint dysfunction. There is a new definitive imaging test single-photon emission computerized tomography which can sometimes detect sacroiliac joint dysfunction. There is also a lack of evidence that sacroiliac joint mobility maneuvers (Gillet, Standing flexion test, and Seated Flexion test) detect motion abnormalities. Given the inherent technical limitations of the visible and palpable signs from these sacroiliac joint mobility maneuvers another broad category of clinical signs have been described called provocative maneuvers. These maneuvers are designed to reproduce or increase pain emanating within the sacroiliac joint. A clinician can develop a probable diagnosis of sacroiliac joint dysfunction by using a hand on approach through palpating the painful areas and performing the following provocative maneuvers such as, Gaenslen test - This pain provocation test applies torsion to the joint. With one hip flexed onto the abdomen, the other leg is allowed to dangle off the edge of the table. Pressure should then be directed downward on the leg in order to achieve hip extension and stress the sacroiliac joint. Gapping Test - Distraction can be performed to the anterior sacroiliac ligaments by applying pressure to the anterior superior iliac spine. Iliac Compression Test - Apply compression to the joint with the patient lying on his or her side. Pressure is applied downward to the uppermost iliac crest. Faber or Patrick test - To identify if pain may come from the sacroiliac joint during flexion, abduction, and external rotation, the clinician externally rotates the hip while the patient lies supine. Then, downward pressure is applied to the medial knee stressing both the hip and sacroiliac joint. Thigh Thrust - This test applies anteroposterior shear stress on the sacroiliac joint. The patient lies supine with one hip flexed to 90 degrees. The examiner stands on the same side as the flexed leg. The examiner provides either a quick thrust or steadily increasing pressure through the line of the femur. The pelvis is stabilized at the sacrum or at the opposite anterior superior iliac spine with the hand of the examiner. This injured worker has only two of the accepted provocative signs. In addition the previous fusion is a confounding variable and there is no definitive information provided regarding a solid fusion. It is difficult to ascertain the pain is emanating from the right sacroiliac joint with injured workers complaints. There is no documentation from the physical therapy and response to treatment and no indication of a home exercise program.