

<b>Case Number:</b>	CM14-0097534		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/21/1998
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/16/2014
<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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 76-year-old female with a 1/21/98 date of injury, and status post laminectomy T10-L2 10/9/13. At the time (5/7/14) of request for authorization for Si Joint Arthrogram/Anesthetic Steroid With Fluoroscopy, there is documentation of subjective (lumbar spine pain described as burning and rated 5/10) and objective (positive Fortin's test right, mildly positive thigh thrust-right, positive Gaenslen's test-right, positive Patrick's test-right, positive pelvic compression test, right, and positive pelvic distraction test right) findings, current diagnoses (lumbar degenerative disc disease, spinal stenosis without neurogenic claudication, spinal stenosis with neurogenic claudication, back pain, and sacroiliitis), and treatment to date (medications (including Norco and Celebrex) and activity modifications). There is no documentation of diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of additional aggressive conservative therapy (physical therapy and home exercise); and block to be performed under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Si Joint Arthrogram/Anesthetic Steroid With Fluoroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss edition, 2007 Data Institute, Official

Disability Guidelines (ODG) Treatment In worker's Compensation (ODG/TWC), 12/15/11 Hip and Pelvis: Sacroiliac joint blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least 3 positive exam findings [such as: 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; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, spinal stenosis without neurogenic claudication, spinal stenosis with neurogenic claudication, back pain, and sacroiliitis. In addition, there is documentation of at least 3 positive exam findings [Fortin Finger Test; Gaenslen's Test; Patrick's Test (FABER); Pelvic Compression Test; and Pelvic Distraction Test], failure of at least 4-6 weeks of aggressive conservative therapy (medication management), and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. However, there is no documentation of diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of additional aggressive conservative therapy (PT and home exercise); and block to be performed under fluoroscopy. Therefore, based on guidelines and a review of the evidence, the request for Si Joint Arthrogram/Anesthetic Steroid with Fluoroscopy is not medically necessary.