

<b>Case Number:</b>	CM14-0191657		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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 40 year-old female, who on April 23, 2012, was injured while performing regular work duties. The mechanism of injury is due to falling from a stool. The injured worker has continued complaint of right buttock pain. The injured worker is currently prescribed the following medications: Dendracin lotion; Norco; Lidoderm patch; Naproxen Sodium; Advair; and Albuterol inhaler. A laboratory report dated October 1, 2014, is provided for this review. An evaluation on October 1, 2014, indicates the injured worker had a right trochanteric bursa injection and had 90% pain relief. An evaluation on October 31, 2014, indicates significant tenderness at the right sacroiliac joint. Positive FABER and Gaenslen's tests are noted. The records indicate the injured worker reports having pain relief with cold applications and rest; moderate pain relief with medications, adequate relief with chiropractic sessions, and physical therapy increasing the pain. The records indicate the injured worker has been working full time without restrictions. The request for authorization on October 22, 2014, is for right sacroiliac joint injection. The primary diagnosis is disorders of the sacrum. On October 29, 2014, Utilization Review non-certified the request for right sacroiliac joint injection, based on ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Sacroiliac Joint Injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter, Sacroiliac Blocks

**Decision rationale:** Regarding the request for sacroiliac joint injections, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy (including PT, home exercise, and medication management). The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there are only 2 of the supported positive exam findings suggestive of SI joint dysfunction noted and there is no clear indication of failure of at least 4-6 weeks of aggressive conservative therapy targeting the SI joint. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.