

<b>Case Number:</b>	CM14-0206427		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old male with an injury date of 06/14/05. The 10/01/14 neurosurgical follow up report states that the patient presents with ongoing, constant lower back pain with radicular pain and numbness into the posterolateral aspect of the left leg to the foot along with upper back pain and left shoulder pain. He has antalgic altered gait with a limp on his left leg. The patient is temporarily totally disabled as of 10/07/14. Examination of the lumbar spine reveals tenderness to palpation over the sacroiliac joint with a positive pelvic compression test and straight leg raise. There is 4/5 weakness of dorsiflexion over the left foot and extensor hallucis longus as well as diminished sensation at pinprick over the left posterior lateral thigh and anterior lateral leg. The patient's diagnoses include: 1. S/p instrumentation and fusion at L4-L5 January 2009 2. Lumbar spondylosis at L5-S1 with facet joint arthropathy and encroachment on the intervertebral foramen 3. 3 mm disc protrusion at L3-L4 with required central spinal stenosis and bilateral facet joint arthropathy 4. Bilateral sacroiliac degenerative disease 5. Post laminectomy syndrome with chronic pain syndrome the patient is recommended for bilateral laminectomy and facetectomy at L5-S1 and L3-L4. The patient has received physical therapy and LESI x 3 in the past year. Current medications are listed as Cymbalta, Omeprazole, Gabapentin, Nortriptyline, Trazodone, Oxycodone and Hydrocodone. The utilization review is dated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Bilateral Sacroiliac Joint Block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hip & Pelvis

**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 chapter, Sacroiliac joint blocks.

**Decision rationale:** The patient presents with ongoing, constant lower back pain with pain and numbness into the left leg to the foot along with upper back and left shoulder pain. The current request is for Bilateral Sacroiliac Joint Block per 10/01/14 report. ODG, Sacroiliac joint blocks, states, "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: 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; Thigh Thrust Test (POSH). Imaging studies are not helpful." Criteria require documentation of at least 3 positive examination findings as listed above. The 10/01/14 report states, "Due to the findings of bilateral sacroiliac joint disease on CT scan, I am also recommending further evaluation with diagnostic blocks of the sacroiliac joints to evaluate the patient for possible sacroiliac joint fusion in the future if he continues to experience significant low back pain following the lumbar spine surgery previously described." There is no evidence of a prior diagnostic SI block for this patient. In this case, the reports provided show positive pelvic compression test; however, guidelines require at least 3 positive examination findings as listed by ODG. Furthermore, the provider cites CT scan findings as part of the rationale for the request and ODG states imaging studies are not helpful. The request is not medically necessary.