

<b>Case Number:</b>	CM15-0008596		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/26/2008
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old male who reported injury on 04/26/2008. The mechanism of injury was a slip and fall. He is diagnosed with status post L5-S1 lumbar fusion, left leg radiculopathy, lumbar disc degeneration and left sacroiliac joint dysfunction. His past treatment has included multiple lumbar spine surgeries, epidural steroid injections, home exercise, psychotherapy, and medications. On 06/05/2014, the injured worker had an MRI of the lumbar spine with myelography which revealed moderate to severe left lateral recess stenosis at L3-4 associated with a left paracentral disc herniation/extrusion; moderate biforaminal stenosis left greater than right at L4-5 impinging the left L4 nerve root; and mild biforaminal stenosis at L5-S1 impinging the exiting L5 nerve roots and an intact interbody fusion at this level. At his followup visit on 12/17/2014, the injured worker reported left paraspinal and sacroiliac joint pain with radiating symptoms around the left waist and intermittently into the left groin. It was noted that bilateral L3 selective nerve root blocks on 11/21/2014 had not provided significant improvement and were nondiagnostic for L3 radiculopathy. The injured worker rated his pain 8/10 to 9/10 with medications. His medications include Restoril, Mobic and Dilantin. Physical examination revealed tenderness to palpation over the midline lumbar spine and over the left lumbar paravertebral musculature, decreased sensation over the left S1 dermatomal distribution, significantly decreased lumbar range of motion, decreased motor strength to 4/5 in the left lower extremity in hip flexion, knee flexion, and ankle dorsiflexion. There was also negative straight leg raising bilaterally. Orthopedic testing also revealed a positive Fortin's, thigh thrust, pelvic distraction and compression on the left side. The treatment plan included a left sacroiliac joint

block to determine if this is his pain generator. However, within the discussion, the treating provider indicated that based on his history and examination and his left anterior thigh pain and extruded disc herniation on the left L3-4 causing stenosis of the L4 nerve root, his left anterior thigh pain is related to the L4 stenosis which would explain why the L3 selective nerve root blocks were nondiagnostic. However, it was also noted that he had radiating symptoms around his waist bilaterally into the groins and evidence that the left sacroiliac joint is a significant pain generator. It was noted that if the sacroiliac joint block was nondiagnostic and the injured worker continued to have significant left leg symptoms, a left 4 selective nerve root block would be the next step.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left 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, 19th edition (2014 web), Pelvis-Hip

**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, Sacroiliac joint blocks.

**Decision rationale:** According to the Official Disability Guidelines, sacroiliac joint blocks may be recommended if the history and physical is suggestive of the diagnosis with at least 3 positive physical examination findings suggestive of sacroiliac joint pain. Additionally, diagnostic evaluation must first address other possible pain generators and the patient needs to have failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medical management. The clinical information submitted for review indicated that the injured worker had significant pain over the left sacroiliac joint. He also had more than 3 positive physical examination findings suggestive of sacroiliac joint pain with a positive Fortin's, pelvic distraction, thigh thrust and compression tests on the left side. Documentation also indicated that he had failed conservative treatment. The documentation also indicated that the injured worker had significant pathology at multiple levels in the lumbar spine on CT and MRI myelography. However, left L3 nerve root had recently been ruled out as a pain generator as selective nerve root blocks had been nondiagnostic. While the injured worker does have a clinical presentation which is suggestive of possible sacroiliac joint dysfunction, the diagnostic evaluation has not effectively ruled out all other possible pain generators as suggested by the guidelines. The history and physical also suggests possible pain related to the L4 nerve roots and there is no documentation indicating the left hip has been ruled out as a pain generator. For these reasons, the request for sacroiliac joint block is not supported. As such, the request is not medically necessary.