

<b>Case Number:</b>	CM15-0100229		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 female with an industrial injury dated 03/09/2013. Her diagnoses included sacroiliac sprain/strain, rotator cuff injury (left) and rotator cuff tear status post arthroscopy. Prior treatments included physical therapy, home exercises, ice, heat and medications. She presents on 04/13/2015 with complaints of left shoulder pain and low back pain. She complains of right leg "goes to sleep" and "feels cold." The pain is mainly across the low back with occasional "numbness" of the right leg, which goes to the foot. She rated her pain as 5 on a scale of 1-10. Physical exam revealed negative lumbar facet loading on both sides with positive straight leg raising test positive on the right side. There was tenderness noted over the sacroiliac joint on the right side. Sensation was intact to light touch and pin prick with normal strength. Medications included Lidoderm patch, Ibuprofen and Tramadol. Her work status was retired. The treatment plan included a sacroiliac joint injection with the purpose of reducing pain and inflammation and restoring range of motion. The provider documents the injured worker was initially unresponsive to conservative treatment. The request is for bursa/joint tendon injection of right sacroiliac under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bursa/Joint Tendon injection of right sacroiliac under fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis chapter; Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sacroiliac injections.

**Decision rationale:** MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1.the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. Therefore, the requested for Bursa/Joint Tendon injection of right sacroiliac under fluoroscopic guidance is not medically necessary.