

Case Number:	CM15-0011315		
Date Assigned:	02/17/2015	Date of Injury:	10/28/1999
Decision Date:	04/07/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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 63-year-old male who reported an injury on 10/28/1999. The mechanism of injury was not specifically stated. The current diagnoses include cervical spondylosis, lumbar spine radiculopathy, and lumbosacral spondylosis without myelopathy. The injured worker presented on 12/19/2014, for a follow-up evaluation. The injured worker reported chronic low back pain as well as neck with radiation into the upper and lower extremities. Upon examination of the lumbar spine, there was a positive straight leg raise on the left at 35 degrees, positive facet tenderness at L3-S1, an antalgic gait, 40 degree anterior flexion, 5 degree extension, decreased sensation in the C5-6 dermatome, decreased sensation in the L4-5 dermatome, trace deep tendon reflexes throughout, positive Fortin's test, positive open/closed book test, positive faber test, and positive Gaenslen's maneuver. Recommendations at that time included a sacroiliac joint injection. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac (SI) joint steroid injection under fluoroscopy guidance with anesthesia:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines: [https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations](https://www.acoempracguides.org/LowBack;Table2,SummaryofRecommendations).

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 block.

Decision rationale: The Official Disability Guidelines recommend sacroiliac joint blocks when the history and physical suggests the diagnosis with at least 3 positive examination findings. While it is noted that the injured worker had a positive Fortin test, open/closed book test, faber test, and Gaenslen's maneuver upon examination, the Official Disability Guidelines do not recommend sacroiliac joint injections until after a trial and failure of 4 to 6 weeks of aggressive conservative therapy, including physical therapy and home exercise. There was no documentation of a recent attempt at any conservative treatment prior to the request for a sacroiliac joint block. Diagnostic evaluation must first address any other possible pain generators. In this case, the injured worker maintains a diagnosis of lumbar radiculopathy with positive examination findings of radiculopathy. Given the above, the request is not medically appropriate in this case.