

<b>Case Number:</b>	CM15-0134389		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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

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 55 year old male, who sustained an industrial injury on 11/02/2009. He has reported injury to the low back. The diagnoses have included low back pain with radicular symptoms to lower extremities; lumbar degenerative disc disease; lumbar stenosis; bilateral lumbar facet arthropathy, L3-4, L4-5, L5-S1, more on the left; sacroiliac joint arthropathy bilaterally, more on the left; status post posterior lumbar interbody fusion with posterolateral fusion with pedicular screw fixation, L4-5, on 08/23/2011; and status post posterolateral fusion with pedicular screw fixation and anterior lumbar interbody fusion, L3-4, L4-5, and L5-S1, on 03/13/2014. Treatment to date has included medications, diagnostics, injections, epidural steroid injections, caudal epidural block, aquatic therapy, physical therapy, and surgical intervention. Medications have included Percocet, Cymbalta, Flexeril, and Gabapentin. A progress report from the treating physician, dated 04/27/2015, documented an evaluation with the injured worker. Currently the injured worker complains of persistent low back pain; bilateral hip pain; lower extremity pain, more on the left; he underwent a caudal epidural steroid injection with lysis of adhesions, and has improvement of the symptoms in the lower extremities; he is able to move better; the pain is still present, but goes to a level of 6-7/10 on the pain scale when exacerbated from 8-9/10; and there is not as much distal lower extremity pain, but more axial pain. Objective findings included lumbar range of motion continues to be decreased; there is a well-healed scar on the midline; there is pain on the facets of L5-S1; sacroiliac compression test is 2+ pain on the left, 1+ pain on the right; Gaenslen's test is positive; there is muscle spasm from T12-L5 of moderate intensity; Patrick Fabere test is

positive bilaterally; deep tendon reflexes are 2+; and there are good peripheral pulses. The treatment plan has included the request for 1 bilateral sacroiliac block.

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

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

#### **1 Bilateral sacroiliac block: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Hip & Pelvis Chapter (Acute & Chronic) (updated 10/09/14) Sacroiliac joint blocks.

**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 under Sacroiliac joint blocks'.

**Decision rationale:** The patient complains of lower back pain and leg pain, and is status post L3-4 and L5-S1 lumbar fusion on 03/03/15 and status post L4-5 fusion in 2010, as per progress report dated 06/22/15. The request is for 1 BILATERAL SACROILIAC BLOCK. There is no RFA for this case, and the patient's date of injury is 11/02/09. As per AME report dated 04/30/15, the lower back pain is rated at 8-9/10. Diagnoses, as per progress report dated 04/27/15, included lower back pain radiating to bilateral legs, bilateral lumbar facet arthropathy at L3-4, L4-5 and L5-S1, and bilateral sacroiliac joint arthropathy. Medications included Flexeril, Percocet, Gabapentin and Cymbalta. EMG/NCV, dated 05/15/15, revealed mild L5 radiculopathy. CT scan of the lumbar spine, dated 06/08/15, revealed multilevel degenerative changes with spinal canal and neural foramina compromise. The patient is not working, as per AME report dated 04/30/15. ODG guidelines, chapter 'Hip & Pelvis and topic Sacroiliac joint blocks', states that the procedure is "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. In this case, the progress reports do not document prior sacroiliac blocks. The current request is noted in progress report dated 04/27/15. The treater states that the patient "has persistent axial pain and I am recommending a sacroiliac joint block bilaterally to try to locate the main pain generator of this axial pain." The patient has been diagnosed with sacroiliac joint arthropathy bilaterally and has failed conservative care including medications and physical therapy. Physical examination, as per the same progress report, revealed positive Gaenslen's Test, Patrick's Test (FABER), and Sacroiliac compression test. However, this patient has had lumbar fusion and presents with axial pain, or midline lumbar pain. The patient does not present with SI joint syndrome and SI joint injection would not be indicated. The patient has positive exam maneuvers but patients with chronic axial pain following lumbar fusion has positive examination of any kind. The request is not medically necessary.