

<b>Case Number:</b>	CM15-0140310		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 30 year old female, who sustained an industrial injury on October 5, 2011. She reported an injury to her low back. Treatment to date has included home exercise program, sacroiliac joint injection, diagnostic imaging, physical therapy and medications. Currently, the injured worker complains of severe, burning, aching, spasm-like low back and hip pain. She reports that the pain is worse with activity and she rates the pain 7-8 on a 10-point scale. Her pain has been relieved with rest. She reports that it has been difficult to perform home exercise because of the pain. On physical examination the injured has tenderness to palpation of the right greater trochanteric bursa region. Her strength is within normal limits in the bilateral lower extremities and straight leg raise test is negative. She has a slightly antalgic gait. Faber's test, Fortin's fingers test and Gaenslen's tests are positive on the right and Ober's test is weakly positive on the right. The diagnoses associated with the request include right greater trochanteric bursitis and sacroilitis, lumbar degenerative disc disease, and possible hip osteoarthritis. The treatment plan includes repeat right sacroiliac joint block injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sacroiliac joint block injection:** 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 (acute and chronic), 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 (Acute & Chronic), Sacroiliac joint blocks.

**Decision rationale:** The Official Disability Guidelines state that there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. Although the patient found the first SI joint injection was helpful, the available the medical documentation does not meet the ODG criteria required for authorization of a second set of injections. Right sacroiliac joint block injection is not medically necessary.