

<b>Case Number:</b>	CM15-0163797		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old male, who sustained an industrial injury on April 10, 2013. He reported low back pain and right hip pain. The injured worker was diagnosed as having lumbar degenerative disc disease, right sacroilitis, right lumbar facet arthropathy, lumbar myofascial pain and lumbar radiculopathy. Treatment to date has included diagnostic studies, home exercises, bike riding "one mile daily", conservative care, and medications. Currently, the injured worker continues to report low back pain and right hip pain. It was noted he ambulated with an antalgic gait and facet-loading maneuvering was positive. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on April 28, 2015, revealed continued pain as noted. The pain was not rated using a visual analog scale (VAS) to compare the intensity as interpreted by the injured worker from one visit to the next to determine the efficacy of the treatment plan prescribed. It was noted he had a maculopapular rash that was painful on the right side and right knee. Lidoderm was discontinued until the rash clears. He was encouraged to continue the home exercise program and to remain active. It was noted he was a good candidate for pool therapy, the HELP program and a right medial branch block. Evaluation on May 26, 2015, revealed an exacerbation of low back pain extending toward the hip. It was noted physical therapy was not authorized. Patrick's test, Gaenslen's test and the Fortin finger test were all positive. It was noted the right sacroiliac joint was "exquisitely tender". Medications and the home exercise plan were continued. Evaluation on July 28, 2015, revealed continued pain as noted. It was noted the exacerbation earlier had improved. He continued to ride his bike and stay active according to the documentation. The RFA included a request for Right sacroiliac joint injection and was non-certified on the utilization review (UR) on August 14, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sacroiliac joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 claimant sustained a work injury in April 2013 and is being treated for low back and right hip pain. In September 2014, he underwent a right sacroiliac joint injection. When seen, he was having a significant flare of symptoms since the prior visit less than one month before. There had been no trauma. He was having difficulty functioning and moving. He was having low back pain extending towards the hip with an exacerbation of bursitis. Physical examination findings included right greater trochanteric and right sacroiliac joint tenderness. Patrick is testing, Gaenslen's testing, and Fortin finger testing were positive. The assessment references a greater than 75% pain relief from the prior sacroiliac joint injection in 2014. A repeat sacroiliac joint injection was requested. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments of least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Requirements include the documentation of at least three positive physical examination findings. In the treatment or therapeutic phase, the procedure should be repeated only as necessary judging by the medical necessity criteria and should be limited to maximum of four times for local anesthetic and steroid blocks over a period of one year. Criteria for a repeat injection include greater than 70% pain relief for 6 weeks from previous injections. In this case, the claimant was having a flare of symptoms since the previous visit less than 4 weeks before and had not failed conservative care as required for consideration of an injection. The requested sacroiliac joint injection is not medically necessary.