

<b>Case Number:</b>	CM15-0199369		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	08/18/2008
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 49 year old male, who sustained an industrial injury on August 18, 2008. The injured worker was diagnosed as having bilateral knee internal derangement, limited range of motion to the bilateral knees, bilateral knee inflammation, and sacroiliitis of the left sacroiliac joint. Treatment and diagnostic studies to date has included physical therapy, psychiatric treatment, and left sacroiliac joint injection. In a progress note dated August 20, 2015 the treating physician reports complaints of pain to the left knee and pain to the left sacroiliac joint that was noted to decrease post first left sacroiliac joint injection causing a "50% improvement" and an increase in the injured worker's range of motion to the sacroiliac joint, but did not indicate the injured worker's pain level as noted on a visual analog scale prior to injection and post injection to determine the effects of the treatment. Examination performed on August 20, 2015 was revealing for bilateral hip pain with walking on heels, sharp shooting pain to the posterior and lateral aspect of the left thigh with palpation of the left sacroiliac joint, decreased range of motion to the left sacroiliac joint, "severely" positive straight leg raises with seated and supine positions, limp with gait, and unable to squat secondary to muscle spasms. On August 20, 2015, the treating physician requested a sacroiliac joint injection due to the "improvement" to the injured worker after the first injection. On September 17, 2015, the Utilization Review determined the request for sacroiliac joint injection to be non-certified.

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

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

**Sacroiliac joint 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).

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

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition, there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case, there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection nor is there evidence of at least 3 positive exam findings. Therefore, the guideline criteria have not been met and determination is not medically necessary.