

<b>Case Number:</b>	CM15-0200258		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/05/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 54 year old female who sustained an industrial injury on 06-05-2010. According to a primary treating physician's progress report dated 09-08-2015, the injured worker was seen in follow up regarding the right sacroiliac joint. She reported right buttock and right leg pain to the heel and left buttock pain. The provider noted that she was last seen on 03-10-2015, pain was worse. Buttock pain was rated 7 in intensity on a scale of 1-10. It was increased with activity and turning over in the bed. She had been on a strict Paleolithic diet and overall felt better, but it had not helped her pain. She was having trouble with hormone imbalances which had been corrected, but did not improve pain. She had antalgic gait on the right. Hip exam was negative. Straight leg raise was negative. Knee jerks and ankle jerks were 1 plus. Toes were not responsive to Babinski test. There was no clonus. Lumbar extension was about 50% and flexion 75%. She was tender over the PSIS on the right and mildly tender on the left. She had a positive FABER test, lateral leg lift and shear test on the right but not the left. Diagnostic impression included multilevel lumbar degenerative disc disease, status post bilateral sacroiliac joint arthrodesis with Synthes screws in October 2012 and probable loosening of the screws on the right side. The provider noted that in order to confirm the clinical diagnosis and possibly provide immediate treatment, that she required a radiographically controlled intra-articular injection of the right sacroiliac joint. Work status was noted as permanent and stationary on future medical. An authorization request dated 09-10-2015 was submitted for review. The requested services included sacroiliac joint block. On 09-15-2015, Utilization Review non-certified the request for right intra-articular sacroiliac joint block x 1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Right Intra-Articular Sacroiliac Joint Block X 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 Chapter/Sacroiliac Joint Blocks Section.

**Decision rationale:** The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include 1) history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings 2) diagnostic evaluation must first address any other possible pain generators 3) the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management 4) blocks are performed under fluoroscopy 5) a positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and if the first block is not positive, a second diagnostic block is not performed 6) If steroids are injected during the initial injection the duration of pain relief should be at least 6 weeks with at least >70% pain relief recorded for this period 7) in the treatment phase the suggested frequency for repeat blocks is 2 months or longer provided that at least 70% pain relief is obtained for 6 weeks 8) the block is not to be performed on the same day as a lumbar epidural steroid injection, transforaminal epidural steroid injection, facet joint injection or medial branch block 9) in treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. In this case, the injured worker has had an acute flare-up of SI joint pain and should attempt conservative therapy before initiating an SI joint injection, therefore, the request for right intra-articular sacroiliac joint block X 1 is determined to not be medically necessary.