

<b>Case Number:</b>	CM15-0208261		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 59 year old male, who sustained an industrial injury on 11-15-13. The injured worker was diagnosed as having lumbar strain; radiculitis. Treatment to date has included physical therapy; trigger point injections; medications. Diagnostics studies included MRI lumbar spine (1-27-15). Currently, the PR-2 notes dated 9-15-15 indicated the injured worker complains of pain in the low back intermittent moderate and requesting medicine. Objective findings are noted as "tender lumbar spine and tender sacroiliac joint." A PR-2 note dated 5-19-15 reviewed a x-ray of the lumbar spine dated 1-13-15 as normal. A MRI of the lumbar spine is also reviewed by the provider and it is dated 1-27-15 revealing "a 2mm broad-based disc protrusion at L3-4 and L4-5 and at L5-S1 a 3mm broad-based disc protrusion" is noted. The noted indicates the injured worker has a trigger point injection to the right sacral region on 3-3-15 and on 4-21-15 he had a left sacroiliac joint trigger pint injection with cortisone "under ultrasonic control." He had been prescribed Flexeril during her course of treatment. On this date, he complained of moderate lower back pain radiating to posterior of both thighs. There is no mention of benefit from these injections. A Request for Authorization is dated 10-25-15. A Utilization Review letter is dated 9-25-15 and non-certification for Cortisone injection to the sacroiliac. A request for authorization has been received for Cortisone injection to the sacroiliac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection to the sacroiliac:** 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 & Pelvis - Sacroiliac injections, diagnostic; Sacroiliac injections, therapeutic.

**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, sacroiliac joint blocks.

**Decision rationale:** The MTUS is silent on the use of sacroiliac joint injections. Per ODG TWC with regard to sacroiliac joint injections: "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below." Criteria for the use of sacroiliac blocks:

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).
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 PT, home exercise and medication management.
4. Blocks are performed under fluoroscopy. (Hansen, 2003)
5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. 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 or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, 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 (ESI), transforaminal ESI, facet joint injection or medial branch block.
9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid block over a period of 1 year. The documentation submitted for review did not contain 3 positive exam findings (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).) suggesting the diagnosis of SI joint dysfunction. As the criteria were not met, the request is not medically necessary.