

<b>Case Number:</b>	CM15-0213898		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	06/15/1999
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: 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 37 year old female who sustained an industrial injury on 06-15-1999. A review of the medical records indicated that the injured worker is undergoing treatment for inflammation of the right sacroiliac (SI) joint. The injured worker is status post fusion from L4-S1 (no date documented). According to the treating physician's progress report on 09-25-2015, the injured worker continues to experience right sacroiliac joint pain extending into the right leg. Examination demonstrated a focal tenderness in the right sacroiliac joint. Pelvic compression test referred pain into the right sacroiliac area and right straight leg raise produced sacroiliac pain and left straight leg raise produced back pain only. Motor strength in all major muscle groups and sensation of the lower extremities were within normal limits. Quadriceps reflexes were 1-2+ and symmetrical and Achilles reflexes were 0-1+ and symmetrical. Hip range of motion was full bilaterally without groin or thigh pain. The right sacroiliac joint was examined under ultrasound and injected with a spinal needle due to the inflammation noted at the office visit. Prior treatments have included right sacroiliac (SI) with Marcaine, Decadron and Toradol performed on 04-24-2015 (without documented effectiveness), diagnostic testing, surgery and medications. No other therapeutic modalities were noted. Current medications were not documented. Treatment plan consists of a second opinion for alternative management and the current retrospective request for right sacroiliac injection under ultrasound with Marcaine, Ketorolac and Dexamethasone performed on (09-25-2015). On 10-19-2015 the Utilization Review determined the retrospective request for right sacroiliac (SI) injection under ultrasound (DOS: 09-25-2015) was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Right Sacroiliac Joint Injection Under Ultrasound (Marcaine 5% 2 Units (2cc), Ketorolac 2 Units (2 Cc) Dexamethasone 2 Units (2cc) Date Of Service 09/25/2015:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, 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, Sacroiliac Joint Injection.

**Decision rationale:** The ODG guidance on sacroiliac injection indicates: Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: 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). Imaging studies are not helpful. It has been questioned as to whether SI joint blocks are the diagnostic gold standard. The block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). (Schwarzer, 1995) There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Sacral lateral branch injections have demonstrated a lack of diagnostic power and area not endorsed for this purpose. (Yin, 2003) Treatment: 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. (Forst, 2006) (Berthelot, 2006) (van der Wurff, 2006) (Laslett, 2005) (Zelle, 2005) (McKenzie-Brown 2005) (Pekkafahli, 2003) (Manchikanti, 2003) (Slipman, 2001) (Nelemans-Cochrane, 2000) See also Intra-articular steroid hip injection; & Sacroiliac joint radiofrequency neurotomy. Recent research: A systematic review commissioned by the [REDACTED] (APS) and conducted at the [REDACTED] states that there is insufficient evidence to evaluate validity or utility of diagnostic sacroiliac joint block, and that there is insufficient evidence to adequately evaluate benefits of sacroiliac joint steroid injection. (Chou, 2009) The latest [REDACTED], covering Pain Management Interventions for Hip Fracture, concluded that nerve blockade was effective for relief of acute pain; however, most studies were limited to either assessing acute pain or use of additional analgesia and did not report on how nerve blockades

may affect rehabilitation such as ambulation or mobility if the blockade has both sensory and motor effects. 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 injured worker 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 blocks over a period of 1 year. According to the documents available for review, the IW does meet the criteria for the use of sacroiliac joint injection as outlined by the ODG. Therefore, at this time, the requirements for treatment have been met and is medically necessary.