

<b>Case Number:</b>	CM15-0032619		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old female, who sustained an industrial injury on 07/27/2010. She has reported pain in the sacroiliac, and coccyx areas. The diagnoses have included peripheral neuritis; disorder of sacrum; closed fracture of sacrum and/or coccyx without spinal cord injury; and arthralgia of the pelvic region and thigh. Treatment to date has included medications and physical therapy. Medications have included Norco, Flexeril, and Ranitidine. A progress note from the treating physician, dated 01/29/2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the right sacroiliac and coccyx regions; and pain increases with physical therapy. Objective findings included tenderness upon palpation at the coccyx; tenderness at the right sacroiliac joint; and positive findings on provocative maneuvers to include Faber, Gaenslen, thigh thrust, and distraction. The plan of treatment included the request for a prescription for Right sacroiliac joint injection, coccyx injection. On 02/10/2015 Utilization Review non-certified a prescription for Right sacroiliac joint injection, coccyx injection. The CA MTUS, ACOEM and the ODG were cited. On 02/20/2015, the injured worker submitted an application for IMR for review of a prescription for Right sacroiliac joint injection, coccyx injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sacroiliac joint injection, coccyx 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), Hip and Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sacroiliac injections.

**Decision rationale:** MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1.the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore, the requested for Right sacroiliac joint injection, coccyx injection is not medically necessary.