

<b>Case Number:</b>	CM15-0034259		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	06/13/2006
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 66-year-old male who reported an injury on 06/13/2006. The mechanism of injury was not specifically stated. The current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, other symptoms referable to the back, degeneration of lumbar intervertebral disc, and arthropathy of the spinal facet joint. On 02/25/2015, the injured worker presented for a follow-up evaluation. The injured worker reported ongoing low back pain with right lower extremity radiculopathy as well as sacroiliac joint pain. It was noted that the injured worker underwent an SI joint injection on 01/22/2013 with 70% improvement of symptoms for 3 months. The current medication regimen includes Lidoderm, Ultram 50 mg, and Advil. Upon examination there was moderate to severe tenderness and spasm of the right lumbosacral area with 50% restriction of flexion. The injured worker was unable to extend secondary to pain. There was also tenderness over the bilateral SI joint with palpation. Straight leg raise was mildly positive bilaterally. Patrick's test was positive bilaterally. There was also hypoesthesia in the right posterolateral leg down to the ankle with hypoactive deep tendon reflexes. Recommendations at that time included continuation of the current medication regimen as well as bilateral sacroiliac joint injections. A Request for Authorization was then submitted on 02/25/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 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 Treatment in Workers' Compensation, online edition, Hip and Pelvis chapter (Acute and Chronic).

**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 Chapter, Sacroiliac joint block.

**Decision rationale:** The Official Disability Guidelines recommend a sacroiliac joint block when the History and Physical examination suggests the diagnosis with at least 3 positive examination findings. There should also be evidence of at least 4 to 6 weeks of aggressive conservative therapy. In this case, it is noted that the injured worker reported 70% relief of symptoms for 3 months following an initial injection. However, there was no documentation of objective functional improvement. The physical examination fails to indicate at least 3 positive examination findings. Given the above, the request is not medically appropriate at this time.