

<b>Case Number:</b>	CM15-0034517		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	12/24/2012
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 was a 36 year old female, who sustained an industrial injury, December 24, 2012. According to progress note of January 20, 2015, injured workers chief complaint was increased low back pain. The injured worker described the pain as aching, sharp and burning in character. The injured worker was having difficulty with tandem walking and mildly antalgic gait. The injured worker was diagnosed with left buttock contusion, lumbosacral joint, ligament, sprain, lumbosacral radiculitis, contusion of the hip and sprain of unspecified site of the knee and leg. The injured worker previously received the following treatments Ultram, Topamax, Vitamin D3 supplements, aqua therapy and left ankle brace. On January 20, 2015, the primary treating physician requested authorization for left S1 joint steroid injection. On February 2, 2015, the Utilization Review denied authorization for left S1 joint steroid injection. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left SI joint steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis section, Sacroiliac joint blocks.

**Decision rationale:** The MTUS Guidelines are silent in regards to sacroiliac joint blocks/injections. The ODG, however, states that they are conditionally recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy (medications, physical therapy, etc.). Other criteria for the use of sacroiliac blocks includes: 1. History and physical suggesting diagnosis (imaging not helpful) by confirming at least three of the following tests: Cranial shear test, Extension test, Flamingo test, Fortin finger test, Gaenslen's test, Gillet's 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, or Thigh thrust test (POSH), 2. Diagnostic evaluation must first address any other possible pain generators, 3. Blocks are performed under fluoroscopy, 4. 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, 5. If steroids are used the pain relief should be at least 6 weeks with at least 70% or greater pain relief, 6. Repeated blocks should be 2 months or longer from previous, 7. The block is not to be performed on the same day as an epidural injection, transforaminal epidural injection, facet joint injection, or medial branch block, and 8. Only a maximum of four times over a period of one year is recommended. In the case of this worker, there was sufficient documented evidence of sacroiliac dysfunction as diagnosed and a sacroiliac injection might be considered. However, there was no record provided of the previous injections in this area and their benefit to help justify a repeat injection. Without this documented evidence of benefit from previous left sacroiliac injections, this request for left SI joint steroid injection will be considered medically unnecessary.