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| <b>Case Number:</b>   | CM15-0040770 |                              |            |
| <b>Date Assigned:</b> | 03/10/2015   | <b>Date of Injury:</b>       | 11/26/2012 |
| <b>Decision Date:</b> | 04/21/2015   | <b>UR Denial Date:</b>       | 02/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/03/2015 |

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 33-year-old male, who sustained an industrial injury on 11/26/12. The injured worker has complaints of low back and left leg pain. The documentation noted that the only problem he has is crossing his legs due to the tightness in his back. The documentation noted on 1/20/15 noted that the injured worker has tenderness over the sacroiliac joint and Patrick test was positive and that a left sacroiliac joint injection under fluoroscopic guidance was requested. The diagnoses have included left sacroiliac joint dysfunction, possibility of left facet arthropathy and herniated nucleus pulposus with no radicular complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 left sacroiliac joint injection under fluoroscopic guidance:** 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 (Acute & Chronic).

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter under SI joint injections.

**Decision rationale:** The patient presents with unrated lower back and left leg pain. The patient's date of injury is 11/26/12. Patient has no documented surgical history directed at these complaints. The request is for 1 left sacroiliac joint injection under fluoroscopic guidance. The RFA is dated 01/29/15. Physical examination dated 01/16/15 is handwritten and largely illegible. The only legible portion of the note is this patient's medications. The patient is currently prescribed Norco, Ultracet, Flexeril, and Naprosyn. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary, is not working. ODG guidelines, Low Back Chapter under SI joint injections states: "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." ODG further states that, "The history and physical should suggest the diagnosis -with documentation of at least 3 positive exam findings as listed... 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; Patrick's Test ; Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test ; Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test." In regard to the request for what appears to be this patient's first SI joint injection, the treater has not provided adequate documentation to substantiate this procedure. The requesting provider has not provided evidence of a clinical picture suggestive of sacroiliac injury or disease, only a complaint of lower back pain, which sometimes radiates into the legs. ODG requires at least 3 positive exam findings suggestive of SI injury or disease before considering SI joint injections appropriate, no such findings have been included. Therefore, the request IS NOT medically necessary.