

<b>Case Number:</b>	CM15-0046642		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	11/18/2010
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Preventive Medicine, Occupational 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 49-year-old female, who sustained an industrial injury on November 18, 2010. The injured worker was diagnosed as having bilateral sacroilitis, lumbar spondylosis, and lumbar herniated disc. Treatment to date has included medications and left sacroiliac joint block in October 2014, right total hip replacement and physical therapy. Currently, the injured worker complains of continued pain in the low back, left worse than right with no radiation of pain or weakness. She reports her pain a 10 on a 10-point scale at worse and on average a 4-5 on a 10-point scale. The injured worker reported moderate relief following a previous sacroiliac joint injection. The injured worker manages her pain with medications and noted that she recently began experiencing spasms in her low back. Her treatment plan includes medications and a request for authorization for left sacroiliac joint block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient left S1 joint block to be done by [REDACTED]:** Overturned

**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 Official Disability Guidelines (ODG), Hip and Pelvis chapter, Sacroiliac Joint Blocks section.

**Decision rationale:** The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include: 1) history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings; 2) diagnostic evaluation must first address any other possible pain generators; 3) the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management; 4) blocks are performed under fluoroscopy; 5) a positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and 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 phase the suggested frequency for repeat blocks is 2 months or longer 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, transforaminal epidural steroid injection, facet joint injection or medial branch block; 9) in treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. The injured worker is noted to have had a left SI joint injection in October, approximately 4 months prior to this request. She reports that she did experience moderate relief following that left SI joint injection, however is unsure whether it was due to the injection or due to resting. The requesting physician explains that the request for this left SI joint is purely for diagnostic purposes, to determine if the injured worker experiences pain relief for 2-6 hours following the block. The injured worker is encouraged to maintain normal activity following the block to assist in determining effectiveness. Based on the information provided, it is questionable whether the first block was effective because of potentially confounding information in regards to rest after the injection. Considering the circumstances, it may be beneficial to repeat this study. The request for outpatient left SI joint block to be done by [REDACTED] is determined to be medically necessary.