

<b>Case Number:</b>	CM14-0114286		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

1/31/14 PR-2 notes pain in the neck and right shoulder. There was a V-sNCT with reported right C5 radiculopathy. The insured also complained of pain in the low back. Examination noted reduced range of motion in the cervical spine. Straight leg raise was positive. There was atrophy of the quadriceps. The insured walked on heels and toes without difficulty. There was decreased sensation to light touch in the left lateral thigh. Strength was 5/5. There was a request for epidural with IV sedation at the cervical level. 6/6/14 PR-2 noted pain in the neck and back. It reported the insured was previously diagnosed with sacroilitis. Examination noted positive Fabers test and trigger points over the SI joints bilaterally. Examination noted reduced range of motion in the cervical spine. Straight leg raise was positive. There was atrophy of the quadriceps. The insured walked on heels and toes without difficulty. There was decreased sensation to light touch in the left lateral thigh. Strength was 5/5. The insured has tried ice, heat application, and NSAIDS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral sacroiliac joint injection, monitored anesthesia care, epidurography:** 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 for Workers' Compensation, online edition, Hip and Pelvis Chapter, Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - hip, sacroiliac joint blocks.

**Decision rationale:** The medical records provided for review do not document the presence of at least 3 positive physical examination findings supportive of SI joint dysfunction and does not document the failure of at least 4-6 weeks of conservative treatment including PT or home exercises. ODG supports SI joint block with: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 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 PT, home exercise and medication management. In addition, there is no epidural space associated with the SI joint and as such epidurography would not be supported in association. The request is not medically necessary.