

<b>Case Number:</b>	CM14-0114452		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/13/1994
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Pain Management and is licensed to practice in California. 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:

The injured worker is a 63 year old female with a date of injury on November 27, 1992. The injured worker is being seen by the treating physician for pain management. During her visit on January 28, 2014, the injured worker primarily complained of low back pain. An examination of the lumbar and sacral areas at the L5-S1 level revealed diffused tenderness. She had restricted range of motion with severe pain elicited upon extension. Bilateral sciatic notch tenderness was also noted in regards to this injured worker. A motor examination demonstrated mild antalgic gait and diminished strength of the bilateral lower extremities. A sensory examination showed decreased light touch over the left lower extremity. The injured worker returned on February 25, 2014 and March 25, 2014. She reported improvement in her symptoms by at least 50 percent following the first caudal epidural steroid injection with additional improvement with the second caudal epidural steroid injection. Objective findings in these dates have remained unchanged. The injured worker returned on April 18, 2014 and reported no change in her pain condition. The examination findings also showed no change in her pain condition. On May 23, 2014, the injured worker started complaining of bilateral buttock pain. However, the examination findings from the lumbar and sacral were still the same. In her follow-up visit on June 20, 2014, the injured worker complained of pain in her left buttock. Additional objective findings include a positive Patrick's maneuver and Fabere test on the left side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left SI 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 Hip & Pelvis (updated 3/25/14) 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 injured worker's objective findings showed a positive Patrick's maneuver and Fabere test. Sufficient evidence to support the sacroiliac injury is lacking. The Official Disability Guidelines stipulates that documentation of at least three positive exam findings is warranted. Another criterion of the Official Disability Guidelines specifies that the injured worker needs to fail at least four to six weeks of conservative therapy. Since the injured worker developed pain in her buttock, there was no evidence that a trial of aggressive conservative treatment that specifically targets the sacroiliac joint has been exhausted to address the issue.