

<b>Case Number:</b>	CM14-0143734		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 43-year-old female with a date of injury of 02/15/2008. The listed diagnoses per [REDACTED] are: 1. Sacroiliitis. 2. Muscle spasm. 3. Chronic pain syndrome. 4. Generalized anxiety disorder. 5. Depressive disorder. 6. Lumbosacral spondylosis. 7. Lumbosacral disk degeneration. 8. Thoracic or lumbosacral neuritis or radiculitis. According to progress report 08/01/2014, the patient presents with diffuse low back pain and right buttock pain. Examination revealed tenderness in the region "concordant with the patient's described area of pain." The patient exhibited overall normal ability in the joints and muscle strength was noted as normal in the spine and extremities. There are palpable taut bands in the low back/buttock area. There was also soft tissue dysfunction and spasm in the cervical and lumbar paraspinal and gluteal regions noted. Straight leg raise reproduced radicular symptoms. The provider is requesting a left SI joint injection. Utilization review denied the request on 08/09/2014. Progress reports from 06/03/2014 through 08/01/2014 were reviewed.

### 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 (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) Pelvic/Hip Chapter, SI joint injections.

**Decision rationale:** This patient presents with diffuse low back pain and buttock pain. The provider is requesting a left SI joint injection and hopes that it will "increase her ROM and daily function with activities." ODG guideline has the following regarding SI joint injections under its Pelvic/Hip chapter: SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG further states, "Criteria for the use of sacroiliac blocks: 1. the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings." In this case, the patient has a diagnosis of sacroiliitis, but the provider does not document positive findings on exam as required by ODG. ODG requires at least three positive exam findings for consideration of sacroiliac joint injections. Recommendation is for denial.