

<b>Case Number:</b>	CM14-0152519		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/22/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 and 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 48-year-old female with an injury date of 03/22/11. The 08/15/14 report by ■■■ states that the patient presents with a return of axial lower back pain with pain over the left posterior superior iliac spine and left SI joint. The patient denies the pain radiates; however, it worsens with sitting. Examination reveals nearly full range of motion of the lumbar spine and tenderness to palpation over the left sacroiliac joint and posterior superior iliac spine on the left and left sciatic notch. It is noted the patient is post 12/13/13 radiofrequency ablation of her left L4-L4 and L5-S1 facet joints with 4 months benefit to the patient. The patient's diagnoses include one. Chronic lumbar strain with lumbar degenerative disc disease 2. Lumbar facet syndrome 3. Left sacroiliac joint dysfunction. The utilization review being challenged is dated 09/02/14. Reports were provided from 03/13/14 to 08/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sacroiliac Joint Steroid 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: Low Back, Hip & 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 Syndrome Topic

**Decision rationale:** The patient presents with lower back pain over the left posterior superior iliac spine and left SI joint. The treater requests for one Left Sacroiliac joint steroid injection. The patient states she noted almost 4 months of good pain relief following radiofrequency ablation of the left L4\_15 and L5-S1 on 12/13/13. ODG guidelines state SI joint injections are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. Treatment reports indicate that the patient was on a medication regimen of Mobic (an NSAID) and Flexeril on 04/14/14. There is no discussion of other forms of therapy. 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 (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." The reports provided do not document three positive exam findings as stated above. Lacking sufficient documentation per ODG above, recommendation is for denial.