

<b>Case Number:</b>	CM14-0160459		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/03/2008
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 46 year old male who reported an injury on 10/03/2008 due to an unspecified work related injury. His diagnoses include sacroiliac disorder and chronic pain syndrome. Past treatments included work modifications, medications, sacroiliac support belt, trigger point injections, right sacroiliac injections, ice, rest, and physical therapy. Upon his physical examination on 09/09/2014, the injured worker complained of low back and buttock pain secondary to sacroiliac disorder. His physical examination revealed a positive right standing flexion test, a positive right Faber's test, a positive sacral compression test on the right side, and a positive sacral shear test. His medications include Cyclobenzaprine 10mg at bedtime for 30 days, Ibuprofen 800mg three times per day, Omeprazole 40mg daily for 30 days, and Voltaren 1% topical gel up to four times per day. The treatment plan included sacroiliac joint injection, continue medications, continue physical therapy at home, and continue work modifications. The rationale for the right sacroiliac joint injection at ASC is to aid in temporary pain relief. The Request for Authorization form for this request was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Si Joint Injection at ASC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Sacroiliac joint blocks

**Decision rationale:** The request for the right sacroiliac joint injection is not medically necessary. The Official Disability Guidelines do state that use of sacroiliac joint blocks are recommended as an option for short-term pain relief, if the injured worker has a clinical presentation suggestive of sacroiliac joint dysfunction with at least 3 positive physical examination listed within the guidelines. Additionally, other possible pain generators need to have been ruled out and the patient needs to have failed conservative therapy. Moreover, blocks need to be performed under fluoroscopic guidance. The injured worker had at least 3 physical examination findings suggestive of sacroiliac dysfunction, other pain generators had been ruled out, and he had failed conservative therapy, which included physical therapy, home exercise, and pain medications. Therefore, the request for the right sacroiliac joint injection would be supported. However, the request, as submitted, did not indicate that the requested injection would be given using fluoroscopic guidance. The request Right Si Joint Injection at ASC is not medically necessary.