

<b>Case Number:</b>	CM14-0160611		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/27/1991
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 47-year-old male with a 6/27/91 date of injury; the mechanism of the injury was not described. The patient underwent lumbar fusion (the date was not provided). The patient was seen on 9/5/14 with complaints of aching, cramping and stabbing pain in the lumbar region and cramping, numbing pain in the medial legs and in the left lower leg. The pain was rated 6/10 and varied from 5/10-9/10. The patient reported trouble falling asleep and waking up due to pain. Exam findings of the lumbar spine revealed well-healed surgical scar, tenderness over the lumbar paraspinal muscles, particularly over the left side and tenderness over the sacroiliac joints. There was decreased sensation in the left L5 distribution, DTRs were normal in the lower extremities and there was no tenderness or sensitivity in the toes. The FABER test, resisted abduction test and shear test were strongly positive on the left. The physician stated that the patient had years of aggressive conservative therapy. The diagnosis is post-laminectomy syndrome, lumbago, degeneration of lumbar or lumbosacral intervertebral disc and SI joint dysfunction. Treatment to date: LESI, work restrictions, physical therapy, home exercise program, Toradol injections and medications. An adverse determination was received on 9/12/14 for lack of findings suggestive of SI dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**left side Sacroiliac Joint Block Injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Online Edition; Chapter: Hip & Pelvis (Acute & Chronic); Sacroiliac Joint Blocks & Criteria For The Use Of Sacroiliac Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Hip and Pelvis Chapter, Sacroiliac Joint Injections.

**Decision rationale:** CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). The physical examination performed on 9/5/14 revealed tenderness over the sacroiliac joints, decreased sensation in the left L5 distribution and the FABER test, resisted abduction test and shear test strongly positive on the left. The progress notes stated that the patient tried and failed years of aggressive conservative therapy, including LESI and still suffered from the pain in the left lumbosacral region. Therefore, the request for left side Sacroiliac Joint Block Injection was medically necessary.