

<b>Case Number:</b>	CM14-0210636		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 44-year old female with date of injury 1/1/10. The treating physician report dated 12/2/14 (5) indicates that the patient presents with back pain radiating from the low back down to the anterior thigh and medial calf to the instep of the right leg. Pain is rated anywhere from a 5/10 to a 9/10 and is intermittent. Patient indicates that muscle spasms are also present. The physical examination findings reveal restricted range of motion of the lumbar spine with flexion limited to 10 degrees limited by pain. Extension, right lateral bending, left lateral bending, lateral rotation to the left and lateral rotation to the right were all limited by pain. Spinous process tenderness was noted on L4 and L5. Gaenslen's and FABER test were positive. Lumbar facet loading was positive on both sides. Prior treatment history includes medications and SI joint injections. MRI findings dated 2012 reveal mild posterior disc bulges at L4-L5 and lumbar facet arthritis at L3-4 and L4-L5. The current diagnoses are: -Sacroiliitis - Encounter for long-term use of other medications- Low back pain syndrome- Lumbar spondylosis with myelo/Facet arthro- Lumbar/Thoracic Rad.The utilization review report dated 12/8/14 (2) denied the request for right SI joint injection based on undetailed guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI joint injection:** 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) Low back, Sacroiliac joint injections (SJI).

**Decision rationale:** The patient presents with back pain radiating from the low back down to the anterior thigh and medial calf to the instep of the right leg. The current request is for right SI joint injection. The treating physician report dated 12/2/14 states patient "had previous SI joint injections which had helped her with her low back pain." ODG state SI joint injections are recommended as an option if there is evidence of a trial of aggressive conservative treatment (at least 4-6 weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories). The medical history provided did not document that the patient has undergone a course of conservative therapy. No physical therapy was noted. No NSAIDs were noted as recommended in ODG. 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 document 3 positive exam findings as stated above. The ODG criteria for S/I joint injection has not been met. Therefore, this request is not medically necessary.