

<b>Case Number:</b>	CM14-0219280		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old male, who sustained an industrial injury on 5/3/2012. There were no details regarding the initial injury or prior conservative treatment submitted for this review. Currently, the IW complains of low back pain and left lower extremity pain. Physical examination in November 25, 2014, documented tenderness to L4-L5, positive lumbar facet loading bilateral and positive right leg straight leg raising test. The provider documented authorization for a lumbar Magnetic Resonance Imaging (MRI) was pending. The diagnoses included low back pain syndrome, lumbar spondylosis without myelopathy/ facet arthrosis, and sacroiliitis. The plan of care included a sacroiliac joint injection. On 12/4/2014 Utilization Review non-certified a sacroiliac joint injection right side, noting the documentation failed to support that the injured worker failed prior conservative treatment including four to six weeks physical therapy. The ODG Guidelines were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of a sacroiliac joint injection right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac joint injection on the right side:** 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 Chapter, Sacroiliac Joint Blocks Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip Chapter, SI Joint, pages 263-264

**Decision rationale:** ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the "diagnostic gold standard" as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not met guidelines criteria especially when previous injections have not been documented to have provided any functional improvement for this chronic injury. The Sacroiliac joint injection on the right side is not medically necessary and appropriate.