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| <b>Case Number:</b>   | CM15-0113549 |                              |            |
| <b>Date Assigned:</b> | 06/19/2015   | <b>Date of Injury:</b>       | 06/06/2010 |
| <b>Decision Date:</b> | 07/21/2015   | <b>UR Denial Date:</b>       | 05/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/12/2015 |

### 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 38 year old male injured worker suffered an industrial injury on 06/06/2010. The diagnoses included degenerative intervertebral disc of the cervical spine, lumbago, myofascial pain and disorder of the bursa of the shoulder region. The diagnostics included electromyographic studies/nerve conduction velocity studies and shoulder magnetic resonance imaging. The injured worker had been treated with medications. On 5/5/2015, the treating provider reported neck and low back pain. The neck pain was rated 7 to 8/10 with stiffness and spasms. The low back pain was rated 6/10 that radiated to the right lower extremity with numbness and tingling along with left sacroiliac joint tenderness. The right shoulder had stiffness and tenderness. The treatment plan included SI Joint Injection left side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SI Joint Injection left 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 & Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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 at least 3 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 clearly defined symptom complaints, documented specific clinical findings or met the guidelines criteria with ADL limitations, failed conservative treatment trials, or functional improvement from treatment previously rendered for this chronic injury. The SI Joint Injection left side is not medically necessary and appropriate.