

<b>Case Number:</b>	CM15-0114536		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Family Practice

### 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 49 year old female, who sustained an industrial injury on 2/25/2014. Diagnoses include lumbar strain, bilateral sacroiliac joint dysfunction secondary to fall, L4-5 lateral recess stenosis with right L5 paresthesias and L3-4 and L4-5 facet arthropathy, mild to moderate. Treatment to date has included diagnostics, medications including NSAIDs, muscle relaxants and opioid pain medications, physical therapy, acupuncture and work modifications. Per the Orthopedic Agreed Medical Evaluation dated 2/18/2015, the injured worker reported constant daily low back pain, pointing to her waist, and described as a shooting pain with numbness, down the right posterior leg/calf to her foot. Physical examination of the lumbar spine revealed decreased ranges of motion in all planes and pain with extension and right lateral bending, improved with forward flexion. There was tenderness over the sacroiliac joints bilaterally. The plan of care included bilateral sacroiliac joint blocks, possible radiofrequency ablation and Norco 10/325mg. Authorization was requested for diagnostic bilateral sacroiliac blocks with Marcaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic bilateral SI blocks:** 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, Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis Section: Sacroiliac Joint Blocks.

**Decision rationale:** The MTUS Guidelines do not comment on the use of sacroiliac blocks. The Official Disability Guidelines do provide criteria of the use of sacroiliac blocks. These criteria are as follows: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. 4. Blocks are performed under fluoroscopy. 5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. 6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. 8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. 9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. In this case, the patient does have three documented signs that support the use of a sacroiliac block. However, there is also documentation of "other pain generators," specifically, degenerative disc disease of the lumbar spine. Further, the last evaluation on this patient was documented on 2/18/2015. It is unclear whether the patient has subsequently received an adequate trial of "aggressive conservative therapy" as described in the above-cited guidelines. Given the lack of documentation that the patient has received an adequate trial of aggressive conservative therapy and the timeframe from the last evaluation of the patient, diagnostic bilateral SI blocks are not medically necessary at this time.