

<b>Case Number:</b>	CM15-0171932		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/04/2010
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Emergency Medicine

### 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 49-year-old man sustained an industrial injury on 4-4-2010. The mechanism of injury is not detailed. Treatment has included oral medications and left sacroiliac injections. Physician notes dated 7-16-2015 show complaints of neck pain with headaches that radiate to the shoulders and low back pain with spasms. The physical examination shows exquisite tenderness in the right sacroiliac joint, immediate pain to the right sacroiliac joint with pelvic compression test, right sacroiliac pain with straight leg raise, back pain on the left, motor and sensory examination were normal, reflexes are diminished and symmetrical, hip range of motion is symmetrical and full bilaterally, guarded with neck motion, moderate cervical spine pain with the extremes of motion, upper extremity motor and sensory examinations are normal, reflexes were diminished and symmetrical, no pathological reflexes noted, full range of motion of the bilateral upper extremities was noted without pain. An injection was administered to the right sacroiliac joint under ultrasound during this visit. Utilization Review denied a request for sacroiliac injection due to lack of documentation of physical therapy or a home exercise program and the results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for aspiration/injection of the right sacroiliac joint DOS 7-16-15:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** MTUS Chronic pain and ACOEM guidelines do not have any sections that deal with this topic. Official Disability Guidelines (ODG) recommends Sacroiliac (SI) joint blocks under certain guidelines. 1) 3 positive findings consistent with SI joint dysfunction. Fails criteria. Only pelvic compression is documented. 2) Diagnostic evaluation must address other pain generators. Does not meet criteria. Patient has lumbar pathology that is being treated. Lumbar pain may be primary source of pain and it has not yet been appropriately dealt with. 3) Aggressive conservative therapy for at least 4-6 weeks. Provider has failed to document aggressive conservative treatment. There is no documented physical therapy or basic conservative treatment. Does not meet criteria. Patient has yet to any criteria needed to recommend SI joint block. SI joint block is not medically necessary.