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| <b>Case Number:</b>   | CM15-0175164 |                              |            |
| <b>Date Assigned:</b> | 09/16/2015   | <b>Date of Injury:</b>       | 09/23/1998 |
| <b>Decision Date:</b> | 10/21/2015   | <b>UR Denial Date:</b>       | 08/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2015 |

### 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: New Jersey

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:

This is a 62 year old female with a date of injury on 9-23-1998. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, cervicgia status post fusion at C6-7, lumbago, lumbosacral neuritis, left shoulder sprain-strain, right sacroiliac sprain and myalgia and myositis. Medical records (3-19-2015 to 7-31-2015) indicate ongoing back pain, left shoulder pain and neck pain. On 7-31-2015, the injured worker reported a 50 percent decrease in the left upper back and neck pain with the trigger point injection. She rated her right sided low back pain six out of ten. She rated her neck and left shoulder pain three out of ten. Per the treating physician (7-31-2015), the employee was not currently working. The physical exam (date to 7-31-2015) revealed decreased range of motion in the lumbar spine due to pain. There was point tenderness over the left sacroiliac area. There was tenderness to palpation throughout the lumbosacral spine and paraspinals. Treatment has included surgery, physical therapy, trigger point injections, and medications. Current medications (7-31-2015) included Norco, Ibuprofen, Omeprazole, Gabapentin and Cyclobenzaprine. The original Utilization Review (UR) (8-7-2015) denied a request for right sacroiliac joint injection under ultrasound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right S1 joint ligaments injection under ultrasound: 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)- TWC Hip & Pelvis Procedure Summary Online Version last updated 03/25/2014.

**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 section, Sacroiliac joint blocks.

**Decision rationale:** The MTUS Guidelines are silent in regards to sacroiliac joint blocks/injections. The ODG, however, states that they are conditionally recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy (medications, physical therapy, etc.). Other criteria for the use of sacroiliac blocks includes: 1. History and physical suggesting diagnosis (imaging not helpful) by confirming at least three of the following tests: Cranial shear test, Extension test, Flamingo test, Fortin finger test, Gaenslen's test, Gillet's 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, or Thigh thrust test (POSH), 2. Diagnostic evaluation must first address any other possible pain generators, 3. Blocks are performed under fluoroscopy, 4. 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, 5. If steroids are used the pain relief should be at least 6 weeks with at least 70% or greater pain relief, 6. Repeated blocks should be 2 months or longer from previous, 7. The block is not to be performed on the same day as an epidural injection, transforaminal epidural injection, facet joint injection, or medial branch block, and 8. Only a maximum of four times over a period of one year is recommended. In the case of this worker, although it appears as there was sufficient evidence from provocative testing to suggest the worker had right sacroiliac joint pain to consider treating it separately with injection. However, upon review of the documents provided for review, there was insufficient evidence to show there was physical therapy attended and completed for the pelvis/sacroiliac area, which would be required before consideration could be made for injections. Therefore, as for now, the request for Right SI joint injection will be considered medically unnecessary.