

<b>Case Number:</b>	CM15-0025483		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/13/1998
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 68 year old female, who sustained an industrial injury on March 13, 1998. She has reported neck pain; mid and lower back pain, and bilateral leg pain. The diagnoses have included right sacroilitis, degenerative disc disease of the cervical and lumbar spine, cervical spine stenosis, thoracic spine compression fractures, lumbar spine radiculopathy, and left internal knee derangement. Treatment to date has included medications, lumbar spine fusion, bracing, and imaging studies. A progress note dated January 7, 2015 indicates a chief complaint of continued neck pain, mid and lower back pain, and pain of the legs. Physical examination showed a severely antalgic gait, tenderness of the right sacroiliac joint, thoracic spine tenderness, and decreased sensation of the lumbar dermatomes. The treating physician requested one right sacroiliac joint injection and a prescription for Norco. On February 5, 2015 Utilization Review certified the request for the prescription for Norco and denied the request for the right sacroiliac joint injection citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right sacroiliac joint injection:** 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 section, SI joint injection.

**Decision rationale:** Pursuant to the Official Disability Guidelines, one right SI joint block injection is not medically necessary. SI joint blocks are recommended as an option if the injured worker failed at least one - six weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is difficult to make due to the presence of other low back pathology. The criteria for SI joint blocks include, but are not limited to, history and physical examination that suggest the diagnosis with documentation of at least three positive exam findings; the patient has happened fail at least four - six weeks of aggressive conservative therapy including PT, home exercise and medication management; blocks are performed under fluoroscopy; if the first block is not positive, a second diagnostic block is not performed; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are T8 burst fracture with 90% loss; T7 burst fracture, acute; T 12 compression fracture with 50% loss; status post lumbar fusion; degenerative disc disease lumbar spine with radiculopathy; left the internal derangement; right lumbar radiculopathy; and right sacroiliitis. Subjectively, the injured worker has complaints of chronic pain in the cervical, thoracic and lumbar regions with a radiating to the bilateral lower extremities. Objectively, there is right SI joint tenderness as well as lumbar radiculopathy with muscle weakness and decreased sensation right lower extremity. MRI from February 6, 2014 shows diffuse lumbar facet arthropathy and neuroforaminal narrowing at L2 - L3 and L3 - L4 and L4 - L5. There was an acute compression fracture at T7. Documentation did not contain evidence of an aggressive course of conservative therapy including an exercise program, localizing, mobilization/manipulation and anti-inflammatory drugs. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology. The treating physician initiated an EMG of the bilateral lower extremities but the study was stopped due to pain after a few minutes. The MRI shows evidence of lumbar pathology and physical examination shows evidence of a lumbar radiculopathy that may muddy the diagnosis of SI joint dysfunction. There is no evidence of an aggressive six-week course of conservative care that would include a comprehensive exercise program localizing, mobilization/regulation and anti-inflammatories. Consequently, absent clinical documentation with an aggressive six-week course of conservative care and lumbar spine pathology that may muddy the diagnosis for sacroiliac dysfunction, one right SI joint block injection is not medically necessary.