

<b>Case Number:</b>	CM15-0065314		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	11/23/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 injured worker is a 48 year old male who sustained an industrial injury on November 23, 2013. He has reported injury to the head, neck, right shoulder, and lower back and has been diagnosed with headache, ocular pain, bilateral eye, radiculopathy, cervical region, cervicgia, joint derangements of right shoulder, low back pain, and radiculopathy, lumbar region. Treatment has included medications, heat, cold, a home exercise program, injection, physical therapy, and electro shock treatments. Currently the injured worker had palpable tenderness with spasms at the lumbar paraspinal muscles and over the lumbosacral junction. The treatment request included a right S1 joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI (sacroiliac) joint injection:** Overturned

**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 chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter under SI joint injections.

**Decision rationale:** The patient presents on 03/04/15 with lumbar spine pain rated 6/10, which radiates into the bilateral lower extremities (right greater than left) and difficulty walking secondary to pain. The patient's date of injury is 11/23/13. Patient has no documented surgical history directed at this complaint. The request is for Right Si (Sacroiliac) Joint Injection. The RFA is dated 03/04/15. Physical examination dated 03/04/15 reveals tenderness to palpation of the right SI joint, positive Patrick's test, positive thrust sign, positive Gaenslen's sign, and reduced deep tendon reflexes in the left knee/left ankle. The patient is currently prescribed unspecified pain medications. Diagnostic imaging was not included. Per 03/04/15 progress note, patient is advised to remain off work for 4 weeks. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment, at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories, as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." ODG further states that, The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings as listed. Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test; Patrick's Test ; Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test ;Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test. In regard to the right-sided SI joint injection, the request is reasonable. Official disability guidelines indicate that such injections are appropriate following the failure of conservative treatments such as physical therapy, icing, medications, etc. ODG also requires at least 3 physical findings indicative of SI joint disease. In this case, the requesting provider has documented the failure of a multitude of conservative therapies, and specifically documents positive Patrick's test, positive thigh thrust test, and positive Gaenslen's sign. The provided documentation satisfies ODG criteria for an SI joint injection. The request IS medically necessary.