

<b>Case Number:</b>	CM15-0073723		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Arizona, 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 29-year-old male who sustained an industrial injury on 1/30/12. The diagnoses have included major depressive disorder, lumbosacral radiculopathy, and lumbar sprain/strain. Treatment to date has included medications, surgery including lumbar microdiscectomy and revision, physical therapy, psychiatry, injections, activity modifications and diagnostics. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. As per the physician progress note dated 10/16/14, the injured worker complains of chronic lumbar spine pain that radiates to the bilateral lower extremities. The pain level was rated 10/10 on pain scale status post lumbar spine surgery. It was noted that he was unable to obtain his Norco, Lyrica and Robaxin in spite of multiple requests for authorization. Physical exam revealed that he was visibly uncomfortable. He ambulates with a one-pointed cane. There were spasms, tenderness and decreased range of motion in the lumbar spine. The physician noted that an injection was given into two trigger points identified by the injured worker in his lower back. The physician requested treatment included Diagnostic left SI joint injection nerve root block, L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic left SI joint injection nerve root block, L4-5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis chapter, Sacroiliac joint blocks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines sacroiliac joint blocks Page(s): 28.

**Decision rationale:** Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive tests; Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork 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; Thigh Thrust Test (POSH). 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. (Hansen, 2003) 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, there was no mention of 3 anatomic diagnostics signs. Use of Fluoroscopy was not mentioned. The injections provide short-term relief. The request for the SI block does not meet the criteria above and is not medically necessary.