

<b>Case Number:</b>	CM14-0106374		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant has a history of a work injury occurring on 09/14/12 when he slipped on a rug and fell on his right side with injury to the right shoulder and right low back. He underwent right shoulder surgery in February 2013. He was seen on 03/04/14. He was having ongoing right shoulder and low back pain. Prior treatments had included physical therapy in July 2013 without improvement. Physical examination findings included pain with lumbar spine range of motion and lumbar facet, right sacroiliac joint, and sciatic notch tenderness. There was decreased lumbar spine range of motion. There was positive right Gaenslen, Fabere and Stork testing. Recommendations included consideration of injections. He was seen by the requesting provider on 06/04/14. He was having ongoing right shoulder pain but with full shoulder range of motion and normal strength. He was having right low back pain rated at 6-8/10. Medications included Butrans, duloxetine, and metformin. Physical examination findings included right paralumbar tenderness located over the posterior superior iliac spine. There was decreased lumbar spine range of motion with negative facet testing. Straight leg raise reproduced hamstring tightness. He had decreased lumbar spine range of motion. There was moderate right greater trochanteric bursa tenderness. There was a deliberate, nonantalgic gait. Imaging results were reviewed. Recommendations included a right iliolumbar ligament and right greater trochanteric bursa injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right iliolumbar ligament injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar spine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 60

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for right shoulder and low back pain. Guidelines state that local anesthetic injections are used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. Therefore, the requested diagnostic right iliolumbar ligament injection is medically necessary.