

<b>Case Number:</b>	CM14-0041567		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 and is licensed to practice in Nevada. 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 injured worker is a 53-year-old female who was reportedly injured on 9/24/2012. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 4/7/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine pain with range of motion, positive tenderness in the interspinous ligament at L5-S1, slight tenderness or muscle spasm present in the paraspinal muscles and positive residual tenderness over the right sacroiliac joint. Recent diagnostic studies included lumbar spine x-rays, which failed to reveal any evidence of disk space narrowing, hypertrophic spur formation, foraminal narrowing, unusual calcifications, fractures or bone tumors. Previous treatment included epidural steroid injection, physical therapy and medications. A request had been made for cortisone injection of the right sacroiliac joint and L5-S1 interspinous ligament and was not certified in the pre-authorization process on 4/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Cortisone Injection into the right sacroiliac joint and L5 S1 interspinous ligament:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for the use of Sacroiliac Blocks, Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** The California Medical Treatment Utilization Schedule allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. Specifically, there was no documentation of radiculopathy in the lower extremities. As such, the requested procedure is deemed not medically necessary.