

<b>Case Number:</b>	CM15-0132694		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	05/27/2003
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 60 year old female who sustained an industrial injury on 5/27/03. The mechanism of injury was unclear. She currently complains of left low back pain radiating down her left leg and foot with numbness and stabbing of the left leg. Her pain level was 3/10 with medications and 6/10 without medications. She manages her activities of daily living with little difficulty. Medications were oxycodone, gabapentin. Diagnoses include myofascial pain; lumbar radiculopathy; postlaminectomy syndrome, lumbar region. Treatments to date include medications; facet block at L4-5, L5-S1 (5/4/15 with 50% improvement); heat; ice; stretching exercises. Diagnostics include MRI of the lumbar spine (8/29/08) showing right L5-S1 laminotomy, residual degenerative disc disease with foraminal stenosis. In the progress note dated 6/5/15 the treating provider's plan of care includes a request for left sacroiliac joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left SI Joint Injection Body part: Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 48, 300. Decision based

on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 19.

**Decision rationale:** According to the guidelines, SI injections are not recommended for early arthritis but rather bursitis. In this case, the claimant does have a history of arthritis and has received medial branch blocks. The claimant had also undergone a laminotomy and used medications for pain relief. The request for an SI injection does not meet the guidelines and there is no mention of bursitis. The SI injection is not medically necessary.