

<b>Case Number:</b>	CM15-0132751		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/24/2015
<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: North Carolina

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 50 year old female who sustained an industrial injury on November 15, 2011. She has reported low back pain and has been diagnosed with lumbar and thoracic displaced intervertebral disc, herniated nucleus pulposus lumbar and thoracic radiculopathy, lumbar degenerative disc disease, and hip pain. Treatment has included medical imaging, injections, physical therapy, and a functional restoration program. There was tenderness to palpation in the left buttock area over the SI joint. There was also tenderness along the left gluteal area. She was also tender along her thoracic and lumbar paraspinal muscles. She had a positive Fortin finger sign. She was also tender over her thoracic and mid axillary line on the left side corresponding to her typical area of thoracic radicular pain. Palpable muscle spasming were associated tenderness. She had a positive FABER reproducing her left SI joint pain. The treatment request included a CT scan of both SI joints and inject sacroiliac joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT Scan of both SI joints Qty 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) sacroiliac joint imaging.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address imaging of the sacroiliac joint. The ODG indicates imaging is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries and tumors. In this case the provided documentation fails to show concern or objective finding consistent with any of the above mentioned diagnoses. Therefore criteria for lower extremity imaging has not been met per the ODG and the request are not medically necessary.

**Inject Sacroiliac joint Qty 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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) sacroiliac joint injections.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states sacroiliac joint injections are only indicated if there is failure of aggressive conservative treatment for 6-8 weeks and physical exam findings that clearly indicate the etiology of the pain to be the sacroiliac joint. The provided clinical records do not meet these criteria and the request is not medically necessary.