

<b>Case Number:</b>	CM15-0187294		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 25 year old female, who sustained an industrial injury on 6-21-2013. The injured worker was being treated for lumbar spine herniated nucleus pulposus, lumbar spine facet arthropathy, and left-sided sacroiliitis. Medical records (6-17-2015 to 8-10-2015) indicate the injured worker reported ongoing low back pain, which is unchanged. She reported constant aching and stabbing neck pain that radiated into her left trapezius musculature and occasional left arm weakness. She reported stabbing pain of the left side of the low back and aching and stabbing pain of the left knee with frequent popping that causes increased pain. Her neck and low back pain were rated 8-9 out of 10. The physical exam (8-10-2015) revealed a non-antalgic gait, normal heel and toe walk, tenderness to palpation of the lumbar spine and posterior superior iliac spine, decreased range of motion, and decreased sensation of the left L3-S1 (lumbar 3-sacral 1) dermatomes. The muscle strength of the left psoas and extensor hallucis longus was 4- out of 5 and 4+ out of 5 of the bilateral tibialis anterior, inverters, everters, and left quadriceps. The muscle strength of the remaining lower extremity was 5- out of 5. There were hypo-reflexive bilateral patellar and Achilles reflexes. Per the treating physician (8-14-2015 report), an MRI of the lumbar spine from 12-17-2013 revealed no abnormal findings, an MRI from 4-28-2015 revealed a discoid lateral meniscus and a small joint effusion, and electromyography of the bilateral lower extremities from 3-20-2014 revealed no abnormal findings. Treatment has included physical therapy, chiropractic therapy, acupuncture, lumbar epidural steroid injections, and medications including pain, sleep, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (8-10-2015 report), the injured worker has not

worked since 2013. The requested treatments included a left sided sacroiliac joint injection and an orthopedic follow-up visit. On 9-11-2015, the original utilization review non-certified requests for a left sided sacroiliac joint injection and an orthopedic follow-up visit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left sided Sacroiliac Joint Injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis (updated 8/20/15) Online Version.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

**Decision rationale:** According to the guidelines invasive procedures such as SI injections are not generally recommended due to their short-term benefit. They may be provided for those with bursitis. They are not indicated for arthritis. In this case, there was no indication of bursitis. There was a positive left sided Faber test indicating joint dysfunction. Their request for the SI injection is not medically necessary.

#### **Orthopedic Follow-up visit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had sacroilitis, ankle pain and lumbar strain. There were no red flags, indication for surgery, neurological or radiological abnormalities that require surgery. The request for orthopedic consultation was not medically necessary.