

<b>Case Number:</b>	CM15-0190093		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/05/2004
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 56-year-old female who sustained an industrial injury dated 5-5-2004. The injured worker has been diagnosed of lumbar disc degeneration. Documented treatment includes left total hip arthroplasty, multilevel lumbar laminectomies and fusion, sacroiliac injections with reported "significant reduction in pain for extended period," and medication through pain management physician including Naproxen, Omeprazole, Tizanidine, Lyrica, Flexeril and Norco. The 7-9-2015 note stated no change in three months with 8 out of 10 rated low back pain, "focal tenderness" in the right SI joint, and straight-leg raising with right sacroiliac pain and left back pain. The treating physician's plan of care includes retroactive requests for diagnostic ultrasound of the right sacroiliac joint and ultrasound guided right sacroiliac joint injection with Dexamethasone, Ketorolac and Marcaine, both dates of service 7-9-2015. These were denied on 9-17-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Diagnostic Ultrasound of The Right Sacroiliac Joint DOS 7/9/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Sacroiliac joint injections (SJI).

**Decision rationale:** The injured worker sustained a work related injury on 5-5-2004. She has been diagnosed of lumbar disc degeneration. Documented treatment includes left total hip arthroplasty, multilevel lumbar laminectomies and fusion, sacroiliac injections with reported "significant reduction in pain for extended period," and medications, including, Naproxen, Omeprazole, Tizanidine, Lyrica, Flexeril and Norco. The medical records provided for review do not indicate a medical necessity for Retro Diagnostic Ultrasound of The Right Sacroiliac Joint DOS 7/9/15. The medical records indicate this was used for sacroiliac joint injection. The MTUS is silent on Sacroiliac joint injection, but the Official Disability Guidelines states it is recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. The procedure is not medically necessary because there is no documented evidence the injured worker has failed aggressive conservative therapy. Therefore, the request is not medically necessary.

**Retro Ultrasound Guided Right Sacroiliac Joint Injection with Dexamethasone, Ketorolac and Marcaine DOS 7/9/15: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Sacroiliac joint injections (SJI).

**Decision rationale:** The injured worker sustained a work related injury on 5-5-2004. She has been diagnosed of lumbar disc degeneration. Documented treatment includes left total hip arthroplasty, multilevel lumbar laminectomies and fusion, sacroiliac injections with reported "significant reduction in pain for extended period," and medications, including, Naproxen, Omeprazole, Tizanidine, Lyrica, Flexeril and Norco. The medical records provided for review do not indicate a medical necessity for Retro Ultrasound Guided Right Sacroiliac Joint Injection with Dexamethasone, Ketorolac and Marcaine DOS 7/9/15. The MTUS is silent on Sacroiliac joint injection, but the Official Disability Guidelines states it is recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. The procedure is not medically necessary because there is no documented evidence the injured worker has failed aggressive conservative therapy. Therefore, the request is not medically necessary.