

<b>Case Number:</b>	CM15-0202927		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 05-15-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back and left lower extremity pain, left-sided sacroiliitis, and left shoulder arthropathy. Medical records (04-10-2015 to 08-24-2015) indicate ongoing low back pain with left lower extremity pain and left shoulder pain. Pain levels were not rated in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW may return to work with restrictions. The physical exam, dated 08-24-2015, revealed continued low back pain with moderate-to-severe radiation into the left leg, tenderness to the sacroiliac joint, and positive straight leg raise on the left. Relevant treatments have included: extensive physical therapy (PT), shoulder injections, work restrictions, and pain medications. The request for authorization was not available for review; however, the utilization review letter stated that the following services were requested on 09-25-2015: left sacroiliac joint injections under fluoroscopy, medical clearance, and laboratory testing (Prothrombin Time/Partial Thromboplastin Time). The original utilization review (10-02- 2015) non-certified the request for left sacroiliac joint injections under fluoroscopy, medical clearance, and laboratory testing (Prothrombin Time/Partial Thromboplastin Time).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sacroiliac Joint Injections under Fluoroscopy: 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 (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** This 60 year old female has complained of low back pain, left leg pain and left shoulder pain since date of injury 5/15/2012. She has been treated with injection, physical therapy and medications. The current request is for left sacroiliac joint injections under fluoroscopy. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections of lidocaine, steroid or both are of questionable benefit and offer no significant long term functional benefit. On the basis of the available medical records and per the MTUS guidelines cited above, the request for left sacroiliac joint injections under fluoroscopy is not indicated as medically necessary.

**Medical Clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** This 60 year old female has complained of low back pain, left leg pain and left shoulder pain since date of injury 5/15/2012. She has been treated with injection, physical therapy and medications. The current request is for medical clearance prior to left sacroiliac joint injections under fluoroscopy. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections of lidocaine, steroid or both are of questionable benefit and offer no significant long term functional benefit. On the basis of the available medical records and per the MTUS guidelines cited above, the request for left sacroiliac joint injections under fluoroscopy is not indicated as medically necessary. The request for medical clearance prior to left sacroiliac joint injections under fluoroscopy is therefore also not indicated as medically necessary.

**Laboratory Works (Prothrombin Time/Partial Thromboplastin Time): 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) Low Back Lumbar & Thoracic (Acute & Chronic) Preoperative lab testing.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** This 60 year old female has complained of low back pain, left leg pain and left shoulder pain since date of injury 5/15/2012. She has been treated with injection, physical therapy and medications. The current request is for laboratory works (PT/PTT) prior to left sacroiliac joint injections under fluoroscopy. Per the MTUS citation listed above, invasive techniques in the treatment of back pain, to include local injections of lidocaine, steroid or both are of questionable benefit and offer no significant long term functional benefit. On the basis of the available medical records and per the MTUS guidelines cited above, the request for left sacroiliac joint injections under fluoroscopy is not indicated as medically necessary. The request for laboratory works (PT/PTT) prior to left sacroiliac joint injection is therefore also not indicated as medically necessary.