

<b>Case Number:</b>	CM15-0213363		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 50 year old male, who sustained an industrial injury on 7-26-13. Medical records indicate that the injured worker is undergoing treatment for a lumbar sprain-strain, lumbar paraspinal muscle spasms, multiple lumbar disc herniation's, lumbar radiculitis, radiculopathy of the right lower extremity and sacroilitis of the right sacroiliac joint. The injured workers current work status was not identified. On (9-14-15) the injured worker complained of low back pain with radiculopathy to the right leg at the lumbar five and sacral one dermatomes. The injured worker also reported severe right sacroiliac joint pain that radiated to the posterior-lateral aspect of the thigh. The sacroiliac joint pain was noticed while standing, climbing or standing up from a sitting position without the aid of the upper torso. Weakness along with numbness and tingling in the right leg are progressive as the injured worker complains of experiencing severity of these symptoms while climbing stairs, with long walks, daily activities and performing a home exercise program. Lumbar paraspinal muscle spasms were noted on deep palpation with severe guarding associated with pain rated 8 out of 10 during the examination. Palpation over the right sacroiliac joint reproduced sharp shooting pain down the posterior and lateral aspect of the right thigh. Lumbar range of motion was decreased and a straight leg raise test was positive bilaterally. The injured worker was noted to have failed conservative treatment including physical therapy, acupuncture treatments and a home exercise program. The treating physician recommended the injured worker have his first right sacroiliac joint injection and first right transformational lumbar epidural steroid injection. Current medications include Norco. The Request for Authorization dated 9-25-15 is for a right sacroiliac joint injection. The Utilization Review documentation dated 10-2-15 non-certified the request for a right sacroiliac joint injection.

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

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

**Right sacroiliac joint injection:** 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), Hip and Pelvis Chapter, Sacroiliac injections, diagnostic.

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

**Decision rationale:** According to the ODG guidelines, intrarticular hip injections are under study for hip osteoarthritis but it is recommended as a short term option for hip bursitis and should be performed under fluoroscopy. The ACOEM guidelines do not recommend injections sure to their short term benefit. In this case, the claimant does not have bursitis and it is not indicated for arthritis. The claimant had been on Norco and requests have been made of or ESI injections as well. The SI injection is not medically necessary.