

<b>Case Number:</b>	CM15-0038823		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/26/1999
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 55-year-old female who sustained a work related injury on October 26, 1999, after incurring back injuries. She was diagnosed with lumbar disc displacement, cervical disc displacement, cervical radiculitis, degenerative disc disease, lumbar radiculopathy, sacroiliitis and lateral knee meniscus tear. Treatments included physical therapy, ice, heat, pain medications and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and muscle relaxants. Currently, the injured worker complained off persistent lower back pain. On February 20, 2015, a request for bilateral sacroiliac joint injection, monitored anesthesia and Epidurography was non-certified by Utilization Review, noting the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral sacroiliac joint injection, monitored anesthesia, and epidurography at [REDACTED]**  
[REDACTED]: 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

**Decision rationale:** The patient is a 55-year-old female with an injury on 10/26/1999. Currently she has persistent low back pain. MTUS, ACOEM guidelines for low back pain note that invasive techniques injections and facet joint injections with lidocaine and cortisone are of "questionable merit." Diskography is of limited diagnostic value according to MTUS guidelines. Epidurography is similar and is also of limited value. The requested procedure is not medically necessary.