

<b>Case Number:</b>	CM15-0058330		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	04/11/2009
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 48 year old male patient who sustained an industrial injury on 04/11/2009. A pain management follow up visit dated 02/12/2015 reported the patient with subjective complaint of back and sacroiliac pain. He states having intermittent right side sacroiliac joint pain for which the injections offered some relief. He uses Norco 1 daily with adequate relief. He was diagnosed with lumbar disc degeneration, and sacroilitis. The plan of care involved continuing with current medication regimen and follow up as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac joint injection x1:** 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), Sacroiliac joint blocks.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- hip chapter and pg 20.

**Decision rationale:** According to the guidelines, hip /sacroiliac injections are not indicated for arthritis but for bursitis. In this case, the claimant does not have a diagnosis of bursitis. Although the claimant received benefit from prior injections, the frequency of injections and interval of relief were not provided. Invasive procedures such as joint injections have short-term benefit. As a result, the request for a sacroiliac injection is not medically necessary.