

<b>Case Number:</b>	CM14-0148245		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/10/1996
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 67-year old female with a date of injury on 9/10/1996. She underwent a primary treating physician initial comprehensive orthopedic evaluation on 7/29/14 for multiple musculoskeletal complaints, including neck, upper back and lower back pain, bilateral shoulder and wrist pain, and left knee and ankle pain. Her lower back pain was constant in nature and radiated into the buttocks and lower extremities with associated tingling, cramping and burning sensations. According the documentation provided for review, the injured worker suffered multiple industrial injuries to the above areas while working as correctional officer. She has undergone physical therapy and received injections for her back pain as well as oral medications. There is no history of fractures. A physical examination showed reduced range of motion of the lumbar spine, which demonstrated no tenderness to palpation. Diagnoses included lumbar spine sprain/strain and left lower extremity radiculopathy and recommendations included radiographs, including radiographs of the bilateral sacroiliac joints. Review of radiographs demonstrated that radiographs of the bilateral sacroiliac joints had been performed and showed the left sacroiliac joint to be anatomically aligned without degenerative changes, calcifications or bone shedding. The right sacroiliac joint showed some degenerative changes with calcification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SI Joint X-Ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Comp 18th edition, 2013 Updates, hip chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The injured worker has a long standing history of multiple musculoskeletal complaints, including neck, upper back and lower back pain, bilateral shoulder and wrist pain, and left knee and ankle pain. She underwent a comprehensive orthopedic evaluation on which recommend obtaining multiple radiographs of the areas in which the injured worker was experiencing symptoms, including the lumbar spine and bilateral sacroiliac joints. However, review of radiographs show that the injured worker has had these performed previously and there is no rationale as to why repeating these radiographs is clinically indicated. There is no change in the injured worker's clinical status or indication of recent trauma or fracture. There is no indication of serious spinal or pelvic pathology and per guidelines x-rays are not recommended. Therefore the sacroiliac joint x-ray is not medically necessary.