

<b>Case Number:</b>	CM14-0176365		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Family 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 patient had a date of injury on 3/30/2009. The patient lifted a speaker weighing approximately 40 pounds and felt a sharp pain in the lower back. Medications include: Flexeril and Lyrica. The patient had a laminectomy of S1-S3 with microdissection of the cysts In 2010. This did not improve his pain. MRI done on 3/2/2013 was normal. Diagnosis includes: Lumbosacral neuritis, sacral root injury, and chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection to the left SI joint ligaments under ultrasound guidance:** 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sacroiliac injections

**Decision rationale:** According to guidelines it states there is needs to be documentation of 3 physical exam signs specific for sacroiliac pain which is not found in the medical records. Finally recommendations are for SI injections to be done under fluoroscopy and not an ultrasound.

