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| <b>Case Number:</b>   | CM15-0111436 |                              |            |
| <b>Date Assigned:</b> | 06/22/2015   | <b>Date of Injury:</b>       | 01/28/2014 |
| <b>Decision Date:</b> | 07/21/2015   | <b>UR Denial Date:</b>       | 05/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2015 |

### 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: North Carolina

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(n) 39 year old male, who sustained an industrial injury on 1/28/14. He reported pain in his back and leg related to a slip and fall accident. The injured worker was diagnosed as having lumbago, lumbar spinal stenosis and lumbar strain. Treatment to date has included a lumbar MRI on 3/25/14 showing disc desiccation at L4-L5 and L5-S1, an EMG/NCV of the lower extremities on 9/30/14 with normal results and physical therapy. Current medications include Tramadol, Flexeril and Relafen. As of the PR2 dated 4/28/15, the injured worker reports pain in lower back that radiates to the left leg. He indicated previous injection reduced his pain. Objective findings include pain with palpation over the left side of the lower back and sacroiliac joint. The treating physician requested a left side sacroiliac joint injection under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Side Sacroiliac Joint Injection under Fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, sacroiliac joint injection.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that sacroiliac joint injection is generally not recommended. Indications for injection included failure of aggressive conservative treatment for greater than 4 weeks along with clear indication by physical exam documentation of etiology of the pain originating in the sacroiliac joint. Based on the provided clinical documentation for review, these criteria have not been met and the request is not medically necessary.