

<b>Case Number:</b>	CM15-0121701		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	10/10/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 56 year old male, who sustained an industrial injury on 10/10/14. He reported back pain and neck pain. The injured worker was diagnosed as having lumbar sprain/strain, muscle spasm of the back, lumbar disc displacement, and lumbar radiculopathy. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of low back pain with lower extremity radicular symptoms. The treating physician requested authorization for a pain management consultation (with specialist) in consideration of bilateral sacroiliac joint injections/epidural steroid injections for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation (with specialist), in consideration of Bilateral Sacroiliac Joint Injection /ESI (epidural steroid injection) Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Evaluation and Management (E&M).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections<sup>4</sup> Page(s): 47. Decision based on Non-MTUS Citation ODG - hip chapter and pg 19.

**Decision rationale:** According to the guidelines, hip injections are not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. They are recommended as an option for hip injection (IASHI) OA, but if used, should be in conjunction with fluoroscopic guidance. They are recommended as an option for short-term pain relief in hip trochanteric bursitis. In this case, the claimant does have impingement findings on exam and imaging that may benefit from an ESI. However, there is no mention of severe arthritis or bursitis of the hip necessitating SI injections. As a result, the request for a pain consultation for intervention for both procedures is not medically necessary.