

<b>Case Number:</b>	CM15-0178912		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 49 year old female, who sustained an industrial injury on 01-10-2012. The injured worker is currently working full duty. Medical records indicated that the injured worker is undergoing treatment for chronic pain, sacroiliac disorder, impingement syndrome of right shoulder region, myofascial pain, and strain of neck muscle. Treatment and diagnostics to date has included physical therapy, chiropractic treatment, massage, acupuncture, and medications. In a progress note dated 08-07-2015, the injured worker reported right low back, right shoulder, right wrist, and neck pain. The treating physician stated that lumbar spine x-rays dated 07-16-2012 showed "slight compression deformities of L3 and L4 with degenerative changes". Objective findings included tenderness to palpation over sacroiliac joints on the right side and trigger points noted over lower paraspinal. The request for authorization dated 08-27-2015 requested right sacroiliac joint injection and six sessions of physical therapy directed towards the right sacroiliac joint. The Utilization Review with a decision date of 09-02-2015 non-certified the request for right sacroiliac joint injection x 1 and certified the request for physical therapy x 6 directed to the right sacroiliac joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI (Sacroiliac) joint injection, quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Initial Care, Summary.

**Decision rationale:** The guidelines do not recommend injections due to their short term benefit. In this case, the claimant does have SI joint pain. The claimant is still undergoing 6 additional therapy visits. Response to these sessions is unknown. In addition, there is no mention of inflammation or bursitis. The request for SI joint injection is not medically necessary.