

<b>Case Number:</b>	CM15-0046112		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 43 year old female, who sustained an industrial injury on 07/16/2012. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbar spondylosis, lumbosacral disc degeneration, lumbago, lumbar radiculitis, lumbar myofascial sprain/strain, sacroiliac ligament sprain/strain and sacroilitis. Treatment to date has included oral pain medication, massage therapy, physical therapy, lumbar epidural steroid injections and application of heat. In a progress note dated 01/29/2015, the injured worker complained of low back pain radiating to the bilateral lower extremities. Objective findings were notable for decreased range of motion of the lumbar spine with tenderness to palpation and positive left tenderness to the sacroiliac joints. A request for authorization of repeat sacroiliac joint injection and MRI of the lumbar spine was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Left Sacroiliac Joint Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC guidelines chapter Hip & Pelvis (acute & chronic) (updated 10/09/14).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG0 hip chapter and pg 19.

**Decision rationale:** According to the guidelines, injections are recommended for bursitis and has shown minimal benefit for osteoarthritis. In this case, the claimant has sacroiliac strain. There is no mention of osteoarthritis. The claimant had a prior injection indicating short-term relief. The request for an SI injection is not medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Lower Back (acute & chronic) (updated 01/30/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had a prior MRI in 2013 indicating disc degeneration and L5-S1 degeneration. An EMG was consistent with S1 nerve irritation. The request for an MRI of the lumbar spine to reassess nerve root irritation is not medically necessary.