

<b>Case Number:</b>	CM15-0062383		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	01/04/2005
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 54-year-old female, who sustained an industrial injury on 1/4/05. She reported right leg pain and low back pain. The injured worker was diagnosed as having sacroiliitis, lumbar spondylosis, lumbar degenerative disc disease, and lumbar sprain/strain. Treatment to date has included physical therapy, chiropractic treatment, a medial branch block for right L3-5 nerve roots on 7/30/14, and right L3-5 epidural steroid injection on 7/30/14. Currently, the injured worker complains of right leg pain and low back pain. The treating physician requested authorization for right sacroiliac joint injections. A previous right sacroiliac joint injection was attempted on 5/28/14 but was not administered due to too much scar tissue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI joint injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Hip pain - injections pg 20.

**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. Recommended as an option for hip injection (IASHI) OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. In this case, the claimant has sacroillitis. There is no mention of bursitis or arthritis. A prior MBB did not provide relief and a prior SI injection failed due to scar tissue. There is no indication that the SI injection would be successful at this time and the claimant does not have the diagnoses above. There is no mention of performing the procedure under fluoroscopy. SI injection is not medically necessary.