

<b>Case Number:</b>	CM15-0063318		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61 year old man sustained an industrial injury on 5/24/2013. The mechanism of injury is not detailed. Diagnoses include degeneration of the lumbosacral disc and pain in the thoracic spine. Treatment has included oral medications, home exercises, and injection. Physician notes dated 3/9/2015 show complaints of pain to the left lower lumbar spine and left sacroiliac joint. Recommendations include a repeat steroid injection to the interspinous and left sacroiliac joint and renew medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SECOND CORTISONE INJECTION UNDER ULTRASOUND GUIDANCE FOR THE LUMBAR SPINE, LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines STEROID INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac joint blocks.

**Decision rationale:** The injured worker sustained a work related injury on 5/24/2013. The medical records provided indicate the diagnosis of degeneration of the lumbosacral disc and pain in the thoracic spine. Treatment has included oral medications, home exercises, and injection. The medical records provided for review do not indicate a medical necessity for SECOND CORTISONE INJECTION UNDER ULTRASOUND GUIDANCE FOR THE LUMBAR SPINE, LUMBAR SPINE. The medical records reviewed indicate the injured worker benefited from a previous sacroiliac injection for a few weeks, but the records did not specify the degree of benefit, and for how long the benefit lasted. (Actually, a 12/01/2014 report stated the injection provided only temporary significant improvement) The MTUS states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines requires a documentation of up to 70% benefit lasting for at least 6 weeks following a sacroiliac joint injection to allow for a repeat injection. The request is not medically necessary.