

<b>Case Number:</b>	CM15-0067058		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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 07/01/2013. Current diagnoses include cervicgia, sacroiliac joint dysfunction, lumbar radiculopathy, cubital tunnel syndrome, carpal tunnel syndrome, and mid back pain. Previous treatments included medication management. Previous diagnostic studies included MRI of the cervical spine and lumbar spine. Report dated 02/24/2015 noted that the injured worker presented with complaints that included right lower back pain with right thigh radiation, left sided neck pain, and burning in the mid back. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included request for sacroiliac joint injection due to low back pain with posterolateral thigh radiation and reproduction of pain on Patrick's, faber's and gaenslen's testing. Disputed treatments include right sacroiliac joint injection as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right sacroiliac joint injection as an outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis.

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

**Decision rationale:** According to the guidelines, intrarticular hip injections are not recommended in early arthritis. It is recommended as an option for short-treatment for bursitis. In this case, the claimant did was not diagnosed with bursitis. The positive hip findings do indicate an SI joint dysfunction. Failure of Tylenol or NSAIDs was not noted prior to considering an invasive procedure. The option of a joint injection would possibly offer short-term relief but it is not a medically necessity.