

<b>Case Number:</b>	CM15-0090387		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	01/16/2015
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: California

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:

The injured worker is a 58-year-old male, who sustained an industrial injury on 1/16/15. He reported back pain. The injured worker was diagnosed as having back pain, lumbar spondylosis, and bilateral sacroiliitis. Treatment to date has included physical therapy and medications such as Norco, Motrin, and Flexeril. On 3/20/15, back pain was rated as 6/10. An x-ray of the lumbar spine obtained on 2/6/15 revealed moderate degenerative disc disease with osteophytic spurring and bridging affecting the posterior elements of L3, L4, L5, and S1. SI joint are non-tender. Lumbar MRI is requested due to risk factors for CA. Currently, the injured worker complains of back pain. The treating physician requested authorization for a MRI of the lumbar spine without contrast and bilateral sacroiliac joint injections x3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of lumbar spine without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300.

**Decision rationale:** MTUS Guidelines support MRI studies if there are qualifying risk factors for a possible "red flag" condition. The requesting physician states there is concern about possible cancer due to elevated PSA and the nature of the pain. Although the supporting documentation for this issue is somewhat incomplete, this request should be given wide latitude if it is a concern of the evaluating physician. Under these circumstances, the request for the lumbar MRI is supported by Guidelines and is medically necessary.

**Bilateral SI joint injections, services of 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis - Sacroiliac Joint Injections.

**Decision rationale:** MTUS Guidelines do not address this in adequate detail. ODG Guidelines addresses this issue in detail. Prior to consideration of an SI joint injection, the Guidelines recommend at least 3 positive physical findings be present. The 3 qualifying exam findings are no documented to be present. In addition, if there are qualifying circumstances to justify an SI joint injection, a single injection is recommend without repeat injections unless there is a several month response of at least 70% improvement in pain. The request for an automatic series of 3 injections is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The 3 SI joint injections are not medically necessary.