

<b>Case Number:</b>	CM13-0008364		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47-year-old male who sustained a work related injury on 06/21/2011. The patient's electrodiagnostic study revealed no evidence of peripheral polyneuropathy, entrapment neuropathies, or radiculopathies. An MRI of the lumbar spine revealed L3-4 thru L5-S1 neural foraminal narrowing, moderate on the right at L4-5. The clinical information indicates the patient underwent an L4-5 interlaminar epidural steroid injection and a left S1 selective nerve root block on 08/07/2013. During post injection followup, the patient reported improvement with back pain as well as lower extremity complaints. Physical examination revealed the patient's back to be 70% of normal with flexion and extension and good strength throughout both lower extremities. The treatment plan at that time indicated continuation of work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Selective Nerve Root Block at L5: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the National Library of Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain Guidelines for the use of epidural steroid injections state that "in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks." The clinical information provided for review lacks subjective documentation of at least a 50% pain relief, decreased medication usage, or functional improvement to validate the use of further injections. As such, the request for a selective nerve root block at L5 is not medically necessary and appropriate.

**Left Intra-articular Sacroiliac Joint Injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and the National Library of Medicine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis Chapter, section on Sacroiliac joint blocks

**Decision rationale:** The Official Disability Guidelines for sacroiliac joint blocks indicate that there should be "physical exam findings of at least 3 positive exam findings to include Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH), diagnostic evaluation has addressed any other possible pain generators, and failure of at least 4-6 weeks of aggressive conservative therapy." The clinical information submitted for review lacks objective documentation consistent with sacroiliac joint dysfunction as physical examination findings were positive only for tenderness. Given the lack of documentation submitted for review to support the use of sacroiliac joint blocks, the request for a left intra-articular sacroiliac joint injection is not medically necessary and appropriate.