

<b>Case Number:</b>	CM13-0009775		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/22/2007
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/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 injured worker is a 58-year-old male with a date of injury on October 22, 2007. The mechanism of injury occurred when the worker was repairing a computer over a 2 hour period and sustained low back pain, which worsened over time and develop into chronic low back pain. An MRI of the lumbar spine performed on May 30, 2012 demonstrated Final Determination Letter for IMR Case Number [REDACTED] L4 5, L34 disc bulges. Treatment to date has included sacroiliac joint injections, medication, and activity modification. The disputed issues are a request for discography and left sacroiliac joint injection. A utilization review determination on July 31, 2013 had noncertified both these injections. The reason for denial of discography included that recent studies cited by the MTUS "do not support its use as a preoperative indication for either IDET (Intradiscal Electrothermal Therapy) or fusion." Furthermore, a psychological clearance was not obtained. For the left sacroiliac joint injection, the reviewer cited guidelines which state that "sacroiliac joint injections are of questionable merit." There was also a lack of documentation of at least 3 positive findings that would corroborate the diagnosis. Furthermore, the patient's objective functional benefit to previous SI joint injection was not adequately addressed in terms of quantity and duration of pain relief, increase in functional capacity, and decrease in medication consumption. This request was thereby not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DISCOGRAM L3-4, L4-5, L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305, Chronic Pain Treatment Guidelines Page(s): 6.

**Decision rationale:** ACOEM Chapter 12 on pages 304-305 state the following: "Recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Diskography may be used where fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, diskography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: - Back pain of at least three months duration. - Failure of conservative treatment. - Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) - Is a candidate for surgery. - Has been briefed on potential risks and benefits from diskography and surgery." Final Determination Letter for IMR Case Number [REDACTED] In the case of this injured worker, the submitted documentation does not indicate that the above criteria have been met. Specifically, there have been no results from a detailed psychosocial assessment, which is a prerequisite for performance of lumbar discography. In the progress note associated with this request on date of service July 18, 2013, there is no mention of psychosocial assessment. Therefore, The request of discogram for the levels of L3-L4, L4-L5 and L5-S1 Lumbar Spine is not medically necessary and appropriate.

**LEFT SI JOINT INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines; Pelvic/Hip Chapter, SI Joint Injections.

**Decision rationale:** ACOEM Medical Practice Guidelines Chapter 12 on page 300 state the following; regarding injections: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." Given a lack of direct reference from the California Medical Treatment and Utilization Schedule and

ACOEM, the recommendations regarding sacroiliac joint injections in the Official Disability Guidelines Chapter on Hip and Pelvis are cited below: "Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including Physical Therapy, home exercise and medication management. 4. Blocks are performed under fluoroscopy. (Hansen, 2003) 5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. 6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. Final Determination Letter for IMR Case Number [REDACTED] 8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. 9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year." In the progress note associated with this request on date of service July 18, 2013, there is documentation on CT/MRI of degeneration of the sacroiliac joints bilaterally. The physical examination in this progress note does not document any sacroiliac joint provocative maneuvers such as Patrick's test, Gaenslen's test, Fortin's finger sign, etc. Furthermore, there is indication that a previous sacroiliac joint injection was not beneficial. In a progress note on encounter date February 14, 2014, the author specifies that the injured worker "did not get relief from" a sacroiliac joint injection performed by another physician. Given that criteria are not met for repeat SI joint injection, this request of left sacroiliac joint injection is not medically necessary and appropriate.