MAXIMUS Federal Services

Case Number:	CM13-0032922		
Date Assigned:	10/14/2014	Date of Injury:	04/06/2004
Decision Date:	11/13/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, 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:

According to the records made available for review, this is a 57-year-old female with a 4/6/04 date of injury. At the time (9/27/13) of request for authorization for lumbar epidural steroid injection @ L5-S1 and left sacroiliac joint injection, there is documentation of subjective (radiating pain, numbness) and objective (myofascial trigger points, pain with flexion, positive Patrick's on the left, sacroiliac joint tenderness on the left, 4/5 muscle strength right extensor hallucis longus, sensory normal) findings, current diagnoses (sacroiliitis, not elsewhere classified, myofasciitis, low back, displacement of lumbar intervertebral disc without myelopathy, and thoracic or lumbosacral neuritis or radiculitis, unspecified), and treatment to date (medications and physical therapy). Regarding the requested lumbar epidural steroid injection @ L5-S1, there is no documentation of subjective (pain, numbness, or tingling) and imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis). Regarding the requested left sacroiliac joint injection, there is no documentation of at least 2 more positive exam findings [such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)], that diagnostic evaluation is first addressing any other possible pain generators, that the block is not to be performed on the same day as a lumbar epidural steroid injection, and that the block is to be performed under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection @ L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar transforaminal epidural steroid injection using fluoroscopy. Within the medical information available for review, there is documentation of diagnoses of sacroiliitis, not elsewhere classified, myofasciitis, low back, displacement of lumbar intervertebral disc without myelopathy, and thoracic or lumbosacral neuritis or radiculitis, unspecified. In addition, there is documentation of objective (motor changes) radicular findings, failure of conservative treatment (activity modification, medications, and physical modalities), and that no more than two nerve root levels are to be injected one session. However, despite non-specific documentation of radiating pain and numbness, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) findings. In addition, there is no documentation of imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis). Therefore, based on guidelines and a review of the evidence, the request for Lumbar Epidural Steroid Injection at L5-S1 is not medically necessary.

Left 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 (ODG), Hip and Pelvis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection.

Decision rationale: MTUS reference to ACOEM guidelines state that invasive techniques (such as sacroiliac joint injections) are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least 3 positive exam findings [such as: 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; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including physical therapy, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. Within the medical information available for review, there is documentation of diagnoses of sacroiliitis, not elsewhere classified, myofasciitis, low back, displacement of lumbar intervertebral disc without myelopathy, and thoracic or lumbosacral neuritis or radiculitis, unspecified. In addition, there is documentation of at least 1 positive exam findings [Patrick's Test (FABER)] and failure of at least 4-6 weeks of aggressive conservative therapy (including physical therapy, home exercise and medication management). However, there is no documentation of at least 2 more positive exam findings [such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]. In addition, given documentation of an associated request for epidural steroid injection, there is no documentation that diagnostic evaluation is first addressing any other possible pain generators and that the block is not to be performed on the same day as a lumbar epidural steroid injection. Furthermore, there is no documentation that the block is to be performed under fluoroscopy. Therefore, based on guidelines and a review of the evidence, the request for Left Sacroiliac Joint Injection is not medically necessary.