

<b>Case Number:</b>	CM13-0040024		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/01/1999
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine & Rehabilitation 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 64-year-old female who reported an injury on 04/01/1999 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her hip, low back, and cervical spine. The injured worker's treatment history has included acupuncture, a TENS unit, chiropractic care, surgical intervention of the hip, and multiple medications. The injured worker is monitored for aberrant behavior with urine drug screens. The injured worker underwent an MRI of the cervical spine dated 11/02/2012 that documented there was moderately advanced degenerative joint changes at the C4-5 and C6-7 levels, and facet ankylosed at C2-3. The injured worker underwent an MRI of the lumbar spine dated 11/01/2012 that concluded there was a retrolisthesis at the L2-3 with a 3 to 4 mm disc bulge moderate right foraminal and central canal narrowing, motion segmental instability at the L2-3 and L3-4, multilevel facet arthropathy. The injured worker was evaluated on 08/30/2013. Upon evaluation, the cervical spine documented restricted range of motion secondary to pain, 5/5 muscle strength in the upper extremities, normal sensation to light touch of the upper extremities, equal deep tendon reflexes bilaterally. Evaluation of the lumbar spine documented restricted range of motion secondary to pain with 3/5 to 4/5 motor strength in the right lower extremity, and 4/5 strength in the left lower extremity, reduced sensation to light touch along the anterior left thigh and no reflexes in the right or left upper extremities, and a positive straight leg raising test bilaterally. The injured worker's diagnoses included degenerative disc disease, degenerative disc disease of the lumbar spine, and facet arthropathy of the cervical spine. The injured worker's treatment plan included lumbar epidural steroid injection, a bilateral sacroiliac joint injection, continued medications, and referral to a physician for bilateral hip pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL SACROILIAC JOINT INJECTIONS AND LUMBAR EPIDURAL STEROID INJECTIONS UNDER FLUOROSCOPIC GUIDANCE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS , Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The requested bilateral sacroiliac joint injections and lumbar epidural steroid injections under fluoroscopic guidance are not medically necessary or appropriate. The MTUS Chronic Pain Guidelines recommends epidural steroid injections for injured workers who have clinical evidence of radiculopathy, supported by an imaging study that has failed to respond to conservative treatments. The clinical documentation does support that the injured worker has radicular findings in the lower extremities that are correlated on an imaging study that have failed to respond to multiple conservative treatments. However, the request includes bilateral sacroiliac joint injections. Official Disability Guidelines recommend sacroiliac joint blocks for injured workers with at least 3 physical exam findings suggestive of sacroiliac joint dysfunction that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has had conservative therapy. However, there are no physical examination findings to support that the injured worker has sacroiliac joint dysfunction. Additionally, Official Disability Guidelines do not recommend that sacroiliac joint blocks be performed on the same day as lumbar epidural steroid injections, transforaminal epidural steroid injections, facet joint injections, or medial branch blocks. Therefore, the request as it is submitted cannot be considered medically necessary or appropriate. Although a lumbar epidural steroid injection would appear to be indicated for this injured worker, the request as it is submitted does not specifically identify a level of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested bilateral sacroiliac joint injections and lumbar epidural steroid injections under fluoroscopic guidance are not medically necessary or appropriate.

**LABS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCPHERSON & PI8NCUS: HENRY'S CLINICAL DIAGNOSIS AND MANAGEMENT BY LABORATORY METHODS, 21ST ED. CHAPTER 8 - INTERPRETING LABORATORY RESULTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs Page(s): 69.

**Decision rationale:** MTUS Chronic Pain Guidelines recommends labs to assess hepatic and kidney function for injured workers who take nonsteroidal anti-inflammatory drugs. The clinical

documentation does indicate that the injured worker is taking a nonsteroidal anti-inflammatory drug. However, the request as it is submitted fails to identify the type of labs being requested and justification for those labs. Therefore, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary and appropriate.

**FLEXERIL 7.5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Muscle Relaxants Page(s): 63.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends the use of muscle relaxants for short duration of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has pain that would benefit from this medication. However, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Flexeril 7.5 mg #20 is not medically necessary or appropriate.

**CERVICAL FACET JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** The clinical documentation submitted for review does not provide any evidence that this facet injection is for diagnostic purposes. Facet injections are not supported by the ACOEM Guidelines for therapeutic purposes. The request would not be supported. Additionally, the request as it submitted does not specifically identify a level of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested cervical facet joint injection under fluoroscopic guidance is not medically necessary and appropriate.