

Case Number:	CM13-0044394		
Date Assigned:	12/27/2013	Date of Injury:	02/28/2013
Decision Date:	08/13/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 50-year-old female who reported an injury on 02/28/2013. The mechanism of injury was noted to be bearing the weight of a patient who was falling. Her prior treatments included medications and physical therapy. Her diagnosis was noted to be lumbar strain/sprain. She presented for a clinical evaluation on 03/26/2014. She complained of low back pain, noting on a scale of 1-10, her pain was a 6. Her pain increased with sitting or driving. She reported pain that radiated down the back of her left leg to her left thigh. She indicated intermittent numbness and tingling from her calves down to her feet, noting the left leg was worse than the right. The physical examination findings of the lumbar spine noted tenderness throughout the bilateral lumbosacral region and mild tenderness over the left sciatic notch. The treatment plan included a referral for an EMG. The provider's rationale for the requested sacroiliac joint injection and the requested lumbar ESI was not provided within the documentation in the most recent clinical note. A request for authorization for medical treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIRST LEFT SACROILIAC JOINT INJECTION UNDER FLUOROSCOPY

GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for first left sacroiliac joint injection under fluoroscopy guidance is not medically necessary. The Official Disability Guidelines recommend sacroiliac joint blocks as an option only if failure of at least 4-6 weeks of aggressive conservative therapy is documented. This includes failed physical therapy, home exercise, and medication management. A notation of SI joint disruption or SI joint dysfunction for at least 3 positive exam findings should be documented including tests such as cranial shear test, extension test, flamingo test, Fortin finger test, Gaenslen test, Gillet test, Patrick's test, pelvic compression test, distraction test, pelvic rock test, resisted adduction test, sacroiliac shear test, standing flexion test, seated flexion test, and thigh thrust test. The clinical documentation submitted for review does not provide enough documentation to meet the criteria for use of sacroiliac blocks. Therefore, the request for a first left sacroiliac joint injection under fluoroscopy guidance is not medically necessary.

FIRST BILATERAL TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION AT L4-5, AND L5-S1 UNDER FLUOROSCOPY GUIDANCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, ESI.

Decision rationale: The request for first bilateral transforaminal lumbar epidural steroid injection at L4-5 and L5-S1 under fluoroscopy guidance is not medically necessary. The California MTUS/American College of Occupational and Environmental Medicine state invasive techniques are of questionable merit. Although epidural steroid injections may afford short term improvement, it offers no significant long term functional benefit, nor does it reduce the need for surgery. The Official Disability Guidelines provide criteria for use of epidural steroid injection. Radiculopathy must be documented. The objective findings on examination need to be present. radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The injured worker should be documented unresponsive to conservative treatment including exercises, physical methods, NSAIDS, and muscle relaxants. Injections should be performed using fluoroscopy and injection of contrast for guidance. The documentation provided for review does not include failure of conservative care. A sacroiliac physical examination is lacking within the documentation on 03/26/2014. The neurological assessment is inadequate. Therefore, the request for a first bilateral transforaminal lumbar epidural steroid injection at L4-5 and L5-S1 under fluoroscopy guidance is not medically necessary.