

Case Number:	CM13-0065666		
Date Assigned:	01/03/2014	Date of Injury:	09/07/2011
Decision Date:	05/19/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/13/2013

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 Orthopedic Spine Surgery 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 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 39-year-old female who reported an injury on 09/07/2011 after she was rearranging boxes, which caused a twisting motion and a sudden onset of low back pain. The injured worker failed conservative management and underwent an L5-S1 fusion and revision followed by postoperative physical therapy. The injured worker was evaluated on 11/08/2013. It was documented that the injured worker had continued pain complaints, ranging from a 3/10 to Final Determination Letter for IMR Case Number CM13-0065666 3 a 9/10. Physical findings included tenderness to palpation over the right paravertebral lumbar musculature with spasming, a positive straight leg raise test to the left, a positive Faber's test to the left, compensated gait pattern and restricted range of motion secondary to pain. It was noted that the injured worker had recently undergone an EMG that provided evidence of chronic left-sided S1 and L5 radiculopathy. The injured worker's diagnoses included difficulty with walking, postlaminectomy syndrome, lumbar fusion, lumbar disc degenerative disease, lumbar disc displacement and lumbosacral neuritis. The injured worker's treatment plan included a selective nerve root block at the S1, physical therapy 2 to 3 times a week for 4 weeks and an orthopedic injections at the right iliac crest.

IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT ORTHOPEDIC INJECTION TO THE RIGHT ILIAC CREST AND
OUTPATIENT NERVE ROOT BLOCK (NRB) TO THE LUMBAR RIGHT S1: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CALIFORNIA 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 (ODG), HIP AND PELVIS CHAPTER, SACROILIAC JOINT BLOCKS

Decision rationale: The requested outpatient orthopedic injection to the right iliac crest and outpatient nerve root block to the lumbar right S1 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for injured workers who have evidence of radiculopathy upon physical exam with findings that are supported by an imaging study and/or an electrodiagnostic study that have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker is participating in postoperative physical therapy as the result of a recent lumbar fusion. There is a notation that the injured worker underwent an electrodiagnostic study. However, it was not provided for review. Therefore, there is no way to determine if this was done postsurgically. Additionally, the Official Disability Guidelines recommend sacroiliac joint injections for injured workers who have evidence of sacroiliac joint deficits. The clinical documentation did not include an adequate assessment of the injured worker's hip and pelvic region. Therefore, an iliac crest injection would not be supported. As such, the requested outpatient orthopedic injection to the right iliac crest and outpatient nerve root block (NRB) to the lumbar right S1 are not medically necessary or appropriate.