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| <b>Case Number:</b>   | CM13-0069459 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 05/17/2012 |
| <b>Decision Date:</b> | 05/27/2014   | <b>UR Denial Date:</b>       | 12/09/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2013 |

### 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, has a subspecialty in Sports Medicine 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 44-year-old male who reported an injury on 05/17/2012. The injured worker reportedly slipped from the back of a truck, causing injury to the left upper extremity. Current diagnoses include lumbar disc herniation and lumbar radiculopathy. The injured worker was evaluated on 10/03/2013. The injured worker reported 7/10 pain. Physical examination on that date revealed positive Patrick's testing, positive straight leg raise on the right, and an antalgic gait. Treatment recommendations at that time included a transforaminal epidural steroid injection at L4-5 and L5-S1. It is also noted; EMG and nerve conduction studies were completed on 10/01/2013, and indicated normal findings. An operative report was also submitted on 07/09/2013, indicating that the patient underwent lumbar epidural steroid injection under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT SI JOINT INJECTION (PER DWC FORM DATED 11/24/13) QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Low Back Pain, Page 185 And Hansen Hc, Et Al. Sacroiliac Joint Interventions: A Systematic Review. Pain Physician. 2007 Jan; 1o(1): 165-84.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac Joint Block.

**Decision rationale:** The Official Disability Guidelines state prior to a sacroiliac joint block, the history and physical should suggest the diagnosis with documentation of at least 3 positive examination findings. There should also be evidence of a failure of at least 4 to 6 weeks of aggressive conservative therapy. As per the documentation submitted, the injured worker does not demonstrate any evidence of sacroiliac joint disorder. There is no evidence of at least 3 positive examination findings. There is also no documentation of at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically necessary.

**RIGHT TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L5-S1 (PER DWC DATED 11/24/13) QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (Esis) Page(s): 46.

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

**Decision rationale:** The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. There was no evidence of radiculopathy upon physical examination. The injured worker's electrodiagnostic study indicated normal findings. There is also no evidence of unresponsiveness to conservative treatment. There was also no documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection. Therefore, the current request is not medically necessary.