

<b>Case Number:</b>	CM14-0004698		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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:

The patient is a 44-year-old female who has submitted a claim for thoracolumbar disc degenerative disease, and lumbar sprain and strain associated with an industrial injury date of February 1, 2012. Medical records from 2013-2014 were reviewed, the latest of which (February 3, 2014) revealed that the patient presented with low back pain. She is not adhering well to her exercise routine. On the clinical evaluation done last January 31, 2014, the patient responds well to traction and feels release of pain. A progress report dated December 30, 2013 states that the patient reported pain in the low back radiating to the right lateral thigh as well as the lateral and posterior aspects of the right calf. On physical examination, there is a positive straight leg raising test on the right and pain with flexion and extension. An MRI of the lumbosacral spine done on March 8, 2013 revealed L5-S1 grade 2 spondylolysis combined with broad based disc bulge and facet hypertrophy was in severe right-sided and moderate left-sided neuroforaminal narrowing. Treatment to date has included right L5-S1 transforaminal epidural steroid injection (11/14/13), TENS, physical therapy, chiropractic therapy, and medication, which includes Relafen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PAIN MANAGEMENT EVALUATION FOR POSSIBLE ADDITIONAL INJECTION TREATMENT AND CONSIDERATION OF SACROILIAC JOINT INJECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; and 2) The patient must be initially unresponsive to conservative treatment. Regarding sacroiliac joint injections, as stated on page 309 of the ACOEM Practice Guidelines, these are of questionable merit. In addition, the Official Disability Guidelines criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical exam should suggest the diagnosis (with documentation of at least 3 positive exam findings). In this case, epidural and sacroiliac joint injections are requested to address the chronic low back and leg pain. In the most recent clinical evaluation, the patient still complains of low back pain radiating to the right lateral thigh and lateral and posterior aspects of the right calf. There is a positive straight leg raising test on the right, and pain with flexion and extension in the clinical evaluation done last December 30, 2013. There are subjective and objective findings that warrant further treatment with epidural and sacroiliac joint injections. However, the patient had a previous epidural steroid injections (11/14/13) with no significant improvement. The request does not specify the nerve root level(s) for epidural steroid injection. Also, the diagnosis of sacroiliac joint dysfunction has not been met. Moreover, there is no documentation of failure of at least 4-6 weeks of aggressive conservative therapy to first address any other possible pain generators. As such, the request is not medically necessary.