

Case Number:	CM14-0015174		
Date Assigned:	03/03/2014	Date of Injury:	03/27/2001
Decision Date:	07/03/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 56-year-old female who reported an injury on 03/27/2011. The mechanism of injury was not provided in the documentation submitted. The clinical note dated 01/21/2014, noted the injured worker complained of low back pain radiating into legs and rated 8/10 in severity. She described the pain as constant and of an electrical shock quality. She reported having numbness and tingling sensation in her legs and feet. Upon physical exam, the provider noted the injured worker was unable to stand or sit during the examination. The provider noted upon palpation she demonstrated intense pain paravertebrally approximately at L5 and over fusion hardware/sacroiliac joint. The physician indicated the injured worker had a lumbar fusion at the L4-S1 levels. She had diagnoses of lumbar failed back surgery syndrome, broken spinal fusion hardware. The MRI dated 01/06/2014 and x-ray dated 01/15/2014 showed evidence of fractured hardware between L5 and S1, as well as 6 mm anterolisthesis. The provider requested bilateral selective nerve root block L5 and sacroiliac joint block under fluoroscopy and sedation times 1 to relieve pain. However, the Request for Authorization was not submitted in the clinical documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SELECTIVE NERVE ROOT BLOCK L5 AND SACROILLIAC JOINT BLOCK UNDER FLUOROSCOPY AND SEDATION X 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & pelvis, Sacroiliac Joints Blocks.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain, deferred as pain in the dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDS and muscle relaxants. The Official Disability Guidelines recommend sacroiliac joint injection as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy including the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings (these findings include; Cranial shield test, extension test, Flamingo test, Fortin finger test, Gaenslen's test, Gillet's test, Patrick's test, pelvic compression test, pelvic distraction test, pelvic rock test, Resisted Abduction Test (REAB), Sacroiliac Shear Test, Standing Flexion Test, Seated Flexion Test, and Thigh Thrust Test (POSH)). The guidelines note diagnostic evaluation must first address any other possible pain generators. There was lack of imaging studies, to corroborate the diagnosis of radiculopathy to demonstrate the injured worker's need for an epidural steroid injection. There was lack of documentation indicating the injured worker was unresponsive to conservative treatment, including exercise, physical methods, NSAIDS and muscle relaxants. There was lack of significant objective findings of radiculopathy within the clinical documentation submitted. There was lack of objective findings indicating the injured worker had sacroiliac joint dysfunction. Additionally, the guidelines note a sacroiliac block should not be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. There was lack of objective findings indicating the injured worker had significant anxiety related to the procedure warranting the need for sedation. Given the clinical information, the request for bilateral selective nerve root block L5 and sacroiliac joint block under fluoroscopy and sedation is not medically necessary.