

Case Number:	CM14-0112890		
Date Assigned:	09/12/2014	Date of Injury:	01/21/2011
Decision Date:	10/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/18/2014

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:

According to the records made available for review, this is a 55-year-old female with a 1/21/11 date of injury. At the time (5/12/14) of request for authorization for right intra articular sacroiliac joint steroid injection and right L4-5 and L5-S1 transforaminal regional epidural steroid injection, there is documentation of subjective (pain across lumbosacral, right sacroiliac joint, right buttock, and lateral hip radiating down the right lower extremity) and objective (tenderness to the lumbar paraspinal muscles, right sacroiliac joint/ischial tuberosity/greater trochanter lateral to the hip; positive leg raise in the right lower extremity; and decreased sensory exam of right lateral leg) findings, current diagnoses (lumbar facet arthropathy, sacroiliitis, bilateral hip degenerative arthritis, bilateral greater trochanteric bursitis, and lumbar scoliosis), and treatment to date (medications and physical therapy). Medical reports identify a request for right intra articular sacroiliac joint steroid injection for both diagnostic and therapeutic reasons and right L4-5 and L5-S1 transforaminal regional epidural steroid injection. Regarding right intra articular sacroiliac joint steroid injection, there is no documentation of at least 3 positive exam findings [Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; and block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI. Regarding right L4-5 and L5-S1 transforaminal regional epidural steroid injection, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions; and an imaging

(MRI, CT, myelography, or CT myelography & x-ray) report with findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right intra articular sacroiliac joint steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 2014 Web Based Edition

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, SI Joint Injection

Decision rationale: MTUS reference to ACOEM Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least 3 positive exam findings [such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. Within the medical information available for review, there is documentation of diagnoses of lumbar facet arthropathy, sacroiliitis, bilateral hip degenerative arthritis, bilateral greater trochanteric bursitis, and lumbar scoliosis. In addition, there is documentation of failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise, and medication management). However, there is no documentation of at least 3 positive exam findings [Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; and block to be performed under fluoroscopy. Furthermore, given documentation of additional request for right L4-5 and L5-S1 transforaminal regional epidural steroid injection, there is no documentation of block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI. Therefore, based on guidelines and a review of the evidence, the request for right intra articular sacroiliac joint steroid injection is not medically necessary.

Right L4-5 and L5-S1 transforaminal regional epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 2014 Web Based Edition

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of lumbar facet arthropathy, sacroiliitis, bilateral hip degenerative arthritis, bilateral greater trochanteric bursitis, and lumbar scoliosis. In addition, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of subjective (pain radiating down the right lower extremity) and objective (decreased sensory exam of right lateral leg) findings, there is no documentation of specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, there is no documentation of an imaging (MRI, CT, myelography, or CT myelography & x-ray) report with findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels. Therefore, based on guidelines and a review of the evidence, the request for right L4-5 and L5-S1 transforaminal regional epidural steroid injection is not medically necessary.