

<b>Case Number:</b>	CM14-0114729		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Occupational Medicine 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:

This patient is a 57 y/o male who developed worsening low back and shoulder pain subsequent to an injury dated 10/15/10. He previously had an L4-S1 laminectomy on 6/8/06. His pain is rated at 6/10 and involves the low back and left extremity greater than the right extremity. A total right shoulder replacement has been recommended. There is a history of remote epidural injections X's 2 which provided short term relief (no details are provided) of 40-50 percent, but the last and 3rd epidural on 1/4/12 provided no relief. On 6/1/3//12 an AME evaluator documented that the patient had many injections, 1 of which provided 4 days of some relief. The provider had been requesting left sacroiliac joint (SI) and left lower facet blocks. These records (for the many injections) are not available for review, but the requesting physician could provide detailed documentation regarding which injection provided 4 days of relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L5-S1 LESI (lumbar epidural steroid injection) and left SI (sacroiliac) joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Criteria for the use of Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac Blocks Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac Blocks.

**Decision rationale:** MTUS Guidelines address the issue of repeat epidural injections and a 3rd or more injection(s) is only recommended if there was a lasting reponse of 50% improvement for 5-6 weeks or more. The last epidural injection of 1/4/12 was of no benefit. Guidelines do not support repeating an epidural under these circumstances. MTUS Guidelines do not address sacroiliac (SI) injections, but ODG Guidelines do. These injections are not recommended at the same setting as epidural injections. In addition, it appears that that a prior SI joint injection was performed and was not adequately beneficial to justify another one. The request for the bilateral L5-S1 epidural and SI joint injection is not consistent with Guidelines and is not medically necessary.