MAXIMUS Federal Services

Case Number:	CM14-0121194		
Date Assigned:	08/06/2014	Date of Injury:	11/23/2011
Decision Date:	09/18/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/31/2014

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:

There were 112 pages provided for review. This was a request for injection under image guidance into the left syndesmosis at the L4-L5-S1 sacral outlaw syndesmosis. This was signed on July 17, 2014.There was an orthopedics note from July 9, 2014. She has been in significant back pain and her leg pain still persists on the left side. She now has a recurrence of the right-sided leg pain. Her wound is clean and dry suggesting the prior operation. She is tender at L4 through S1 as well as the superior iliac crest. She has a positive straight leg bilaterally. The MRI showed a broad-based protrusion at L4-L5 level. X-rays demonstrated advanced discogenic collapse at the L4-L5 level. The diagnoses were disc herniation at L4-L5 with bilateral lower extremity radiculopathy, left lower extremity weakness and probable subacute and mild cauda equina syndrome. There was multilevel cervical and thoracic spondylosis rule out stenosis. She is status post L4-L5 laminectomy and discectomy and the surgery was done on January 9, 2014. There was progressive urinary and fecal incontinence and sacroiliitis on the left side. There was a left-sided partial sacralization of L4-L5-S1. She has a distinct change in her symptoms. Previously there was pain only in the left leg and now there is pain in her right leg with weakness on the right side as well. She has bouts of fecal incontinence and urinary incontinence. She has clear signs of instability at the L4-L5 level and he feels she needs a spinal fusion at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection under image guidance into left syndesmosis at the L5-S1 sacral ala syndesmosis.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The ACOEM/MTUS notes that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can masksymptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. Injections of opioids are never indicated except for conditions involving acute, severe trauma. The ODG notes that for forms of sacral injection, at least three clinical signs must be met; which are not met in this case. Moreover, with an apparent early cauda equina syndrome, a clinical emergency, it is not clear why the focus was on the syndesmosis. It does not make clinical sense. The request was appropriately not certified.