

Case Number:	CM14-0129843		
Date Assigned:	08/20/2014	Date of Injury:	06/04/2009
Decision Date:	09/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/14/2014

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 Interventional Spine, 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 55-year-old female with a date of injury of 06/04/2009. The listed diagnoses per Dr. [REDACTED] are: 1. Lumbosacral radiculopathy. 2. Lumbosacral pain. 3. SI joint pain. According to progress report 07/22/2014, the patient reports flareup in bilateral SI joint/buttock pain as well as right L5-S1 distribution pain. Numbness and tingling persist with pain ranging from 2/10 to 9/10 in intensity. Examination revealed tenderness over the lumbar facet joints, TTP of bilateral L1 to L5 paraspinal muscles with palpable trigger points noted. TTP is noted in the SI joint, right greater than left. Straight leg raise is positive, and decreased right great toe sensory exam is noted. Treater recounts an MRI of the lumbar spine from 07/28/2013, which reported "L3-L4 minor DDD/protrusion with mild left NFS. L4-L5 small disk protrusion with facet joint scoliosis, and mild right and minor left NFS. L5-S1 facet joint sclerosis and slight hypertrophic changes." Treater states there was an EMG/NCV on 07/12/2011, which noted, "Normal electrodiagnostic study of bilateral lower extremities." The request is for right L5-S1 transforaminal epidural steroid injection and bilateral SI joint steroid injection under fluoroscopic guidance. Utilization review denied the request on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 and S1 transforaminal epidural steroid injection Qty#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 Page(s): 46, 47.

Decision rationale: This patient presents with low back pain with persistent numbness and tingling. Treater requests a right L5-S1 transforaminal epidural injection. The MTUS Guidelines has the following regarding ESI under chronic pain section, pages 46 and 47, "Recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy)." In this case, there is no documentation of leg pain and MRI of the L-spine revealed "minor DDD/protrusion." EMG/NCS was also noted as normal. The requested L5-S1 transforaminal epidural steroid injection is not medically necessary.

Bilateral SI joint steroid injection Qty#1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (HIP & PELVIS): SACROILIAC JOINT BLOCKS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with a flare-up in the bilateral SI joint/buttock area. Treater recommends bilateral SI joint steroid injections under fluoroscopic guidance to address patient's persistent flare-up and bilateral SI joint pain with TTP on physical examination. The MTUS and ACOEM do not discuss sacroiliac joint injection. However, ODG guidelines states that SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG guidelines states, "Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings..." The treater does not document positive findings on exam as required by ODG. ODG requires at least three positive exam findings for consideration of sacroiliac joint injection. Therefore the request is not medically necessary.

Under fluoroscopic guidance Qty# 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with a flare up in the bilateral SI joint/buttock area. Treater recommends bilateral SI joint steroid injections under fluoroscopic guidance to address patient's persistent flare-up and bilateral SI joint pain with TTP on physical examination. The

MTUS and ACOEM do not discuss sacroiliac joint injection. However, ODG guidelines states that SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG guidelines states, "Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings..." In this case, the patient does not meet the criteria for the requested SI joint injection. Therefore, the request for fluoroscopic guidance is not medically necessary.