

Case Number:	CM14-0174586		
Date Assigned:	10/27/2014	Date of Injury:	08/13/2010
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/21/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 47 year old patient with date of injury of 08/13/2010. Medical records indicate the patient is undergoing treatment for lumbar sprain and strain, lumbar paraspinal muscle spasms, disc herniation, lumbago, lumbar radiculitis and radiculopathy of the lower extremities and sacroiliitis of the bilateral sacroiliac joint. Subjective complaints include low back pain rated at 9/10, limited range of motion of the lumbar spine with tingling and numbness to both legs. Low back pain is exaggerated while standing on uneven surfaces and standing from a sitting position. Objective findings include weakness, along with numbness and tingling in both legs. An MRI of the lumbar spine with and without intravenous contrast which was performed on 10/25/2010 and 05/07/2012 documented mild disc desiccation with 3 mm central disc herniation at L3-L4 and marked decrease disc height, disc desiccation, vacuum disc phenomenon, degenerative marrow changes, with small anterior, lateral and posterior osteophytes at L5-S1. Treatment has consisted of home exercise program, physical therapy, bilateral sacroiliac joint injections under fluoroscopic guidance, lumbar epidural steroid injection at L5-S1 level under fluoroscopic guidance and medications: Albuterol, Atarax, Flexeril, Gabapentin, Wellbutrin, Prozac, Ativan, Norco, Neurontin and Terocin patches and ointment. . The utilization review determination was rendered on 10/02/2014 recommending non-certification of L5-S1 lumbar epidural steroid injection under fluoroscopic guidance and Bilateral sacroiliac joint injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar epidural steroid injection under fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic

Decision rationale: Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states, "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using Transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." The treating physician documents that "the patient was experiencing radiating pain to bilateral lower extremities consistent with symptoms of pain and loss of range of motion", however there is no electrodiagnostic studies to corroborate the physician's findings. There is no documentation that the previous injections provided pain relief of at least 50%. The medical records do not specify the patient's response to exercises, physical methods, and muscle relaxants. If the treatments had been tried before, the records did not indicate the results of these conservative treatments. As such, the request for L5-S1 lumbar epidural steroid injection under fluoroscopic is not medically necessary.

Bilateral sacroiliac joint injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (updated 3/25/14), Sacroiliac joint blocks

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic

Decision rationale: Selective nerve root blocks are also known as epidural transforaminal injection. MTUS states, "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to

conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using Transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." The treating physician documents that "the patient was experiencing radiating pain to bilateral lower extremities consistent with symptoms of pain and loss of range of motion", however there is no electrodiagnostic studies to corroborate the physician's findings. There is no documentation that the previous injections provided pain relief of at least 50%. The medical records do not specify the patient's response to exercises, physical methods, and muscle relaxants. If the treatments had been tried before, the records did not indicate the results of these conservative treatments. As such, the request for Bilateral sacroiliac joint injection under fluoroscopic guidance is not medically necessary.