

Case Number:	CM14-0176035		
Date Assigned:	10/29/2014	Date of Injury:	08/20/2012
Decision Date:	12/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/23/2014

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:

This is a 52-year-old female with an 8/20/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/20/14 noted subjective complaints of low back pain with spasm, associated with bilateral leg tingling and numbness. Objective findings included tenderness to lumbar paravertebrals. There is positive sacroiliac joint thrust test, positive Patrick Faber test, and positive Gaenslen's test. The progress report notes that an MRI from 7/27/12 showed mild multilevel degenerative disc disease from L3-L4 through L5-S1. Diagnostic Impression: lumbar radiculopathy and bilateral sacroiliitis. Treatment to Date: medication management, prior sacroiliac (SI) joint injection, physical therapy and acupuncture. A UR decision dated 9/22/14 denied the request for Bi-Trans lumbar epidural steroid injection (LESI) at L4-5, L5-S1 under fluoroscopy guidance. There is no documentation of corroborative imaging or electrodiagnostic reports. It also denied Bi-SI joint injection under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bi-Trans lumbar epidural steroid injection (LESI) at L4-5, L5-S1 under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the documents available for review, while there is a clinical diagnosis of lumbar radiculopathy, there is no MRI or electrodiagnostic study evidence to corroborate this diagnosis. Additionally, there is no clear documentation of failure of conservative management such as physical therapy. Therefore, the request for Bi-Trans LESI at L4-5, L5-S1 under fluoroscopy guidance is not medically necessary.

Bi-S1 joint injection under fluoroscopy 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 (ODG), Hip and Pelvis: Sacroiliac Joint Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac joint injections

Decision rationale: CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). The documentation does note 3 positive exam findings suggestive of sacroiliac dysfunction. However, it is also noted that the patient has had prior SI injections. There is no documentation of quantitative analgesic benefit or objective functional benefit achieved from prior injections. Guidelines require at least 70% pain relief over 6 weeks for repeat blocks to be considered. Additionally, there is no clear documentation of a failure of conservative therapy such as physical therapy. Therefore, the request for Bi-SI joint injection under fluoroscopy guidance is not medically necessary.