

Case Number:	CM14-0027202		
Date Assigned:	06/13/2014	Date of Injury:	01/02/2013
Decision Date:	07/31/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	03/04/2014

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 and Rehabilitation 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 injured worker is a 34 year old male who reported an injury on 01/02/2013. The mechanism of injury was a lifting injury which occurred as he attempted to catch a falling heavy object and felt a pop in his lower back with immediate severe pain to his lower back which radiated to both buttocks and down his right posterior thigh to the knee. In a 04/08/02014 interview, he stated that there had been no significant change in his lower back pain since the reported injury. His lumbar range of motion values, measured in degrees, on 05/30/2014 averaged 31/60 for flexion, 10.5/25 for extension, 12/25 for right lateral flexion and 6.5/25 for left lateral flexion. He had tenderness to lumbar palpation and percussion as well as in the bilateral sciatic nerves, greater on the right side than the left. He had positive Lasegue's tests bilaterally. His motor strength and reflexes were normal, and he had slightly decreased sensation in L5 and S1 distributions in the left lower extremity. His diagnoses included traumatic herniated nucleus pulposus, L5-S1, central, predominantly to left. His previous treatments included physical therapy, a home exercise program, chiropractic care, and use of a lumbar brace. A lumbar MRI on 03/12/2014 revealed degenerative lumbar spine changes, mild neural foraminal stenosis at L5-S1 with a 2-3 mm left paracentral protrusion in close proximity or the central S1 nerve root, a 3mm posterior protrusion and the L4-5 level which contacts the L5 nerve root, anterior annular fissuring at L3-4 and edema at L3-4 and L4-5 interspinous ligaments. His medications included Norco 10/325 mg and Naprosyn 500 mg. A request for authorization was not found in this chart. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI joint injection: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back sacroiliac joint injections and hip & pelvis chapter sacroiliac joint blocks.

Decision rationale: The request for right SI joint injection is not medically necessary. The ODG recommended sacroiliac joint blocks as an option if there was a failure of at least 4-6 weeks of aggressive conservative therapy. Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. Criteria for the use of sacroiliac blocks included the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above), diagnostic evaluation must first address any other possible pain generators, the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management and blocks are performed under fluoroscopy. This worker has no diagnosis in reference to his sacroiliac joint. None of the above mentioned diagnostic tests were included in this record. The request does not state that the injection would be given under fluoroscopy. Therefore this request for right SI joint injection is not medically necessary.

Left L5-S1 selective nerve root block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: The request for left L5-S1 selective nerve root block is not medically necessary. The purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The patient must have been initially unresponsive to conservative treatment

(exercises, physical methods, NSAIDs and muscle relaxants), and ESIs should be performed using fluoroscopy (live x-ray) for guidance. In the 05/30/2014 note it is noted that this worker had wisely declined lumbar ESIs in the past with which the physician agreed, and further recommended that the only effective treatment would be surgical, including a lumbar laminectomy and discectomy. There is no mention of this worker having failed any trials of muscle relaxants. The request does not specify on which side the injection was to be administered. There is no clear diagnostic evidence of radiculopathy. Additionally, the request did not state that the injection would be performed under fluoroscopy. Therefore, this request for left L5-S1 selective nerve root block is not medically necessary.