

Case Number:	CM14-0035866		
Date Assigned:	06/23/2014	Date of Injury:	10/10/2012
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/24/2014

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 45-year-old male who reported an injury on 10/10/2012. The mechanism of injury was a fall. The diagnoses included lumbosacral spondylosis, lumbago, sciatica, sprain/strain of the sacroiliac region. Previous treatments include medication, physical therapy, and an EMG/nerve conduction study. In the clinical note dated 02/19/2014, it was reported the injured worker complained of pain across his back, down his leg, and into the bottom of his foot. The claimant complained of tingling down to the bottom of the left foot. Upon physical examination the provider noted the injured worker had normal reflexes. The provider indicated the injured worker had a normal sensation test to pinprick. On exam of the lumbar it was noted that the range of motion for flexion was mildly limited and extension was also mildly limited. The provider noted there to be tenderness to the lumbar spine at L1-5. There were negative straight leg raise. The provider requested a transforaminal epidural steroid injection, and a sacroiliac joint injection for back and leg pain. The Request for Authorization was submitted and dated on 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5 transforaminal epidural steroid injection via epiduraogram and fluoroscopy under moderate sedation: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with cooperative findings of radiculopathy. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, exercise physical methods, NSAIDs, and muscle relaxants. MTUS Guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 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 2 weeks. The current research does not support the series of 3 injections in either the diagnostic or therapeutic phase. MTUS guidelines also recommend no more than 2 diagnostic epidural injections. In this case, there is a lack of documentation showing significant neurological deficits such as decreased motor strength, sensation or deep tendon reflexes in a dermatomal distribution. There is a lack of imaging studies to corroborate the diagnosis of radiculopathy. There is also a lack of significant clinical documentation indicating the injured worker was treated for or diagnosed with anxiety warranting the medical necessity for sedation. Therefore, the request for an L5 transforaminal epidural steroid injection via epidurogram and fluoroscopy under moderate sedation is not medically necessary and appropriate.

Left sacroiliac (S1) joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip/Pelvis, Sacroiliac joint blocks.

Decision rationale: The Official Disability Guidelines (ODG) recommend a sacroiliac joint injection as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings of specific tests for motion, palpation, and pain. Provocation has been described for sacroiliac joint dysfunction, cranial shear test, extension test, flamingo test, and Fortin finger test. The ODG guidelines note that diagnostic evaluation must first address any other possible pain generators. In this case, there is a lack of significant objective findings indicating the injured worker had sacroiliac joint dysfunction. There is a lack of significant clinical documentation indicating the recommended tests had been performed. Additionally, the provider failed to document the quantity of injections to be given. Therefore, the request for left sacroiliac joint injection is not medically necessary and appropriate.