

<b>Case Number:</b>	CM14-0046731		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/04/2005
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 52-year-old female who has submitted a claim for lumbalgia, sciatica, sacroiliac ligament sprain / strain, cervical IVD displacement without myelopathy, spondylosis of unspecified site, neuralgia neuritis and radiculitis associated with an industrial injury date of 03/04/2005. Medical records from 2007 to 2014 were reviewed. Patient complained of pain at the low back, leg, and neck described as sharp and severe graded 5/10 in severity. Physical examination showed tenderness at the cervical, thoracic, lumbar spine, and sacroiliac joints, left more than right. Sensation was diminished at C6-C8 dermatomes, left. Maximal compression test and foraminal compression test were positive at the left. Kemp's test, Soto Hall test and straight leg raise test were positive at the right. Range of motion of the left shoulder, cervical and lumbar spine was limited. MRI of the cervical spine, dated 05/15/2014, demonstrated no acute osseous process; subtle progression of multilevel cervical degenerative disease with variable discopathy (C2-T1), mild spinal stenosis (C5-C7), and rare neuroforaminal narrowing (left C3-C4). MRI of the lumbar spine, dated 05/15/2014, demonstrated no acute osseous process; multilevel lumbar degenerative changes from L1-S1, with variable anterior hypertrophy, facet arthropathy, discopathy, and neuroforaminal narrowing, predominant at L4-S1. CT scan of the pelvis, dated 10/30/2013, demonstrated mild degenerative changes involving the hips and sacroiliac joints. Treatment to date has included chiropractic care, physical therapy, and medications such as Suboxone, baclofen, and gabapentin. Utilization review from 04/05/2014 denied the request for SI joint injections because there was no documentation concerning failure in conservative therapy; and denied Thoracic-lumbar spine epidural steroid injection because radiculopathy was not present based on the most recent progress report. Reasons for denial of lumbar support (purchase), MRI of the SI joints, MRI of the cervical / thoracic/ and lumbar spine were not made available for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Lumbar Support (Purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As stated on CA MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the patient has been complaining of chronic back pain associated with an industrial injury date of 03/04/2005. However, there was no documented rationale for this request. The guideline only recommends back brace during the acute phase, hence patient is not a candidate for its use. There is no discussion concerning need for variance from the guidelines. Therefore, the request for 1 lumbar support (purchase) is not medically necessary.

### **1 MRI of the SI Joints: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvic Section, MRI.

**Decision rationale:** The CA MTUS does not specifically address the topic on MRI of the sacroiliac joint. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Hip & Pelvic Section, was used instead. ODG criteria for hip MRI include osseous, articular or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries; tumors. Exceptions for MRI include suspected osteoid osteoma or labral tears. In this case, patient complained of low back pain. However, objective finding only showed presence of tenderness at sacroiliac area, left worse than right. There was no comprehensive physical examination available to support the present request. There is likewise no documented indication for further diagnostic procedure at this time. Therefore, the request for MRI of SI joints is not medically necessary.

### **1 MRI of the cervical, thoracic and lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation X American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 8 Neck and Upper Back Complaints (page 179-180); Low Back Chapter, pages 303-304.

**Decision rationale:** CA MTUS ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Imaging of the thoracic and lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for uncomplicated back pain, with radiculopathy, after at least 1 month of conservative therapy. In this case, patient complained of pain at the low back, leg, and neck described as sharp and severe. Physical examination showed tenderness and restricted range of motion at the cervical, thoracic, and lumbar spine. Sensation was diminished at C6-C8 dermatomes, left. Maximal compression test and foraminal compression test were positive at the left. Kemp's test, Soto Hall test and straight leg raise test were positive at the right. However, medical records submitted and reviewed failed to provide a rationale for the requested diagnostic procedures. Moreover, a comprehensive physical examination that may signify neurologic dysfunction is lacking. Guideline criteria were not met. It is likewise unclear if surgery is being considered at this time. Therefore, the request for MRI of the cervical, thoracic, and lumbar spine is not medically necessary.

**1 S1 joint injections:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to page 309 of the CA MTUS ACOEM Guidelines, sacroiliac joint injections are of questionable merit. In addition, criteria for SI joint injections include history and physical exam findings that suggest the diagnosis; diagnostic evaluation must first address any other possible pain generators; and failure of at least 4-6 weeks of aggressive conservative therapy including PT, home exercise, and medications. In this case, physical exam finding showed tenderness, left worse than right. CT scan of the pelvis, dated 10/30/2013, demonstrated mild degenerative changes involving the hips and sacroiliac joints. However, there was no comprehensive physical examination pertaining to the sacroiliac joint to warrant this request. Moreover, it is unclear if non-invasive treatment options have been exhausted to date. There is no documented rationale for this request. Therefore, the request for sacroiliac joint injection is not medically necessary.

## **1 Thoracic-lumbar spine epidural steroid injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Epidural Steroid Injection Page(s): 46.

**Decision rationale:** As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, patient complained of pain at the low back area. Physical examination showed positive Kemp's test, Soto Hall test and straight leg raise test at the right. MRI of the lumbar spine, dated 05/15/2014, demonstrated multilevel lumbar degenerative changes from L1-S1, with mild to moderate neuroforaminal narrowing, predominant at L4-S1. However, there was no comprehensive physical examination available to strongly support presence of radiculopathy. Moreover, the request failed to specify intended level for injection. Therefore, the request for 1 Thoracic-lumbar spine epidural steroid injection is not medically necessary.