

<b>Case Number:</b>	CM14-0053135		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/03/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Occupational Medicine 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 patient is a 68-year-old male who has submitted a claim for low back pain, herniated lumbar disc, sacral disorder, and lumbosacral radiculopathy, associated with an industrial injury date of October 3, 2007. Medical records from 2013 to 2014 were reviewed. The patient complained of intermittent low back pain rated 5-6/10 with radicular pain to the bilateral lower extremities. Pain was described as dull, aching, shooting, numbness, and tingling. Previous lumbar injections were done which helped relieve pain. He is status post bilateral L4 selective nerve root block and left SI joint injection on August 28, 2013, and left L4-L5 TFESI and left SI joint intraarticular steroid injection on December 4, 2013. Physical examination showed an antalgic gait due to pain in the left lower limb; reproducible low back pain with movement in all planes; tenderness over the midline lumbar spine and left sacroiliac joint as well as surrounding musculature; pain on left hip internal rotation; bilaterally positive straight leg raise for radicular pain or paresthesias; decreased motor strength on left hip flexion at 4/5, and left EHL at 3/5; and decreased pinprick and light touch sensation at left L4, L5 and S1. MRI of the lumbar spine obtained on January 2013 revealed right lateral disc protrusions at L2-3 and L3-4 with bilateral foraminal narrowing at L3-4. The diagnoses were low back pain, herniated lumbar disc, sacral disorder, and lumbosacral radiculopathy. Treatment to date has included oral and topical analgesics, physical therapy, TENS, lumbar support, aquatic therapy, lumbar spine surgeries, left L4-L5 selective nerve root block, and left sacroiliac joint injection. Utilization review from April 17, 2014 denied the request for bilateral L4 selective nerve root block because there was no evidence of dermatomal or myotomal deficits. There were also no nerve root tension signs indicating radiculopathy. Likewise, there is no evidence of any anatomic neurocompressive lesion via imaging, and no documentation of radiculopathy confirmed by EMG/NCVs. The request for left sacroiliac joint injection was denied because there was no detailed examination for the SI joint

and no documentation any course of HEP, PT and/or core strengthening. The request for lumbar trigger point injections were denied as well because there is ongoing radiculopathy, and no circumscribed trigger points with twitch response was noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral L4 selective nerve root block:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 49. Decision based on Non-MTUS Citation The American Academy of Neurology; Official Disability Guidelines Hip/ Pelvis.

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

**Decision rationale:** According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and 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. In this case, several lumbar ESIs were given. However, the extent and duration of pain relief were not discussed. Moreover, imaging and electrodiagnostic studies did not confirm presence of radiculopathy. Likewise, there was no objective evidence of failure of other guideline-recommended conservative treatment to relieve pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for bilateral L4 selective nerve root block is not medically necessary.

**Left sacroiliac joint injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Sacroiliac Joint Interventions.

**Decision rationale:** According to page 309 of the ACOEM Guidelines referenced by CA MTUS, sacroiliac joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines criteria for SI joint injections include: clinical sacroiliac joint dysfunction; failure of at least 4-6 weeks of aggressive conservative therapy; and history and physical exam should suggest the diagnosis (with documentation of at least 3 positive exam findings). Criteria for repeat SI block include: achievement of at least >70% pain relief for at least 6 weeks after the initial injection when

steroids are used; and the suggested frequency for repeat blocks is 2 months or longer between each injection. In this case, the patient has received previous sacroiliac joint injections. However, the responses to the treatment were not discussed. Moreover, sacroiliac joint dysfunction was not evident based on the most recent physical examination findings. Likewise, there was no objective evidence of failure of other guideline-recommended conservative treatment to relieve pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for left sacroiliac joint injection is not medically necessary.

**Lumbar trigger point injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Trigger Point Injections Page(s): 128.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** According to page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome. It is not recommended for radicular pain. Criteria for the use of trigger point injections include: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and radiculopathy is not present (by exam, imaging, or neuro-testing). In this case, most recent physical examinations did not demonstrate trigger points with a twitch response and referred pain. Also, the findings were suggestive of radiculopathy. The guideline does not recommend trigger point injections in the presence of radiculopathy and in the absence of trigger points with twitch response. Moreover, there was no objective evidence of failure of conservative treatment to relieve pain. The guideline criteria were not met. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for lumbar trigger point injections is not medically necessary.