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| <b>Case Number:</b>   | CM14-0060731 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 07/29/1998 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 04/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/01/2014 |

### 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 Medicine, 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:

The patient is a 57-year-old female who has submitted a claim for failed back surgery syndrome, spinal cord stimulator, depression, and anxiety, status post left knee arthroscopy; associated with an industrial injury date of 07/29/1998. Medical records from 2013 to 2014 were reviewed and showed that patient complained of lower back and left leg pain. Physical examination showed tenderness of the lumbar spine, left sacroiliac joint and greater trochanter. Lumbar pain was noted with range of motion. Pelvic tilt was positive, with the left hip higher. FABERs test was positive. Straight leg raise test was positive on the left. Motor testing was normal. Sensation was normal, and patient describes pain pattern in the left S1 distribution. Treatment to date has included medications, pool therapy, spinal cord stimulator, and surgery as stated above. Utilization review, dated 04/24/2014, denied the request for left lumbar epidural steroid injection and left sacroiliac joint injection because there were no examination findings, no dermatomal pain pattern or sensation loss, or diagnostic studies indicating a possible radiculopathy, and no indication of inflammatory sacroiliitis. A handwritten appeal letter from the patient, dated 05/11/2014, stated that previous epidural injections provided pain relief for 12-14 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Left Lumbar Epidural Steroid Injection L4-5 and left Sacroiliac Joint Injection:** 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): 309, Chronic Pain Treatment Guidelines : Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis, Sacroiliac joint blocks.

**Decision rationale:** As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. Regarding sacroiliac joint (SIJ) injections, 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). In this case, the patient complains of low back pain accompanied by radicular symptoms despite medications, pool therapy, and spinal cord stimulator use. Regarding the request for ESI, the patient has had previous epidural steroid injections, as stated on an appeal letter dated, 05/11/2014, which provided pain relief for 12-14 months. However, there was no discussion regarding percentage relief, or objective evidence of functional improvement from previous ESIs. Moreover, the medical records failed to include neurologic findings or electrodiagnostic studies suggestive of radiculopathy, or imaging studies showing significant foraminal narrowing or frank nerve root compromise. Regarding the request for SIJ injection, there was lack of evidence of sacroiliac joint dysfunction. Moreover, there was no evidence of aggressive conservative treatment to manage the patient's pain. The criteria for ESI and SIJ injections have not been met. Therefore, the request for Outpatient Left Lumbar Epidural Steroid Injection L4-5 and Left Sacroiliac Joint Injection is not medically necessary.