

<b>Case Number:</b>	CM14-0095485		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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, has a subspecialty in Pain 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 injured worker is a 29 year old female who sustained an industrial injury on 4/20/2011. The mechanism of injury is a slip and fall on a puddle of water, sustaining injury to the low back. She is currently off work. A prior peer review performed on 5/28/2014 non-certified the requests for lumbar TF ESI bilateral L4-5, L5-1 under fluoroscopic guidance and right SI joint injection. The requests were not deemed medically necessary. An October 2011 EMG/NCS of the bilateral lower extremities is referenced as indicating evidence of moderate to severe lumbosacral radiculopathy at the L4-5 level bilaterally. A June 2011 lumbar MRI is referenced as revealing L4-5: annular bulging, posterior, minimal, no significant central canal or neuroforaminal narrowing 2.4 diffuse disc protrusion; L5-1: disc protrusion, 2-3 mm, broad-based, right paracentral; annulus tear, small, posterior, minimally narrowing the right neural foramina; patent central canal and left neural foramina. A 1/24/2011 lumbar MRI is referenced as revealing bulging L5-S1 disc and repeat lumbar MRI on 1/30/2012 is referenced as revealing a progression of the L5-S1 disc bulge apparent in the initial MRI. According to the follow-up PR-2 report dated 5/19/2014, the injured worker returns status post Toradol shot secondary to flare in her chronic lower back pain. The injection offered temporary relief. She presents with 6.5/10 pain, stiffness of lumbosacral spine with radiculopathy into the bilateral lower extremities. She underwent a lumbar spine epidural in 2011 which she reports did not offer her substantial relief. She was referred for orthopedic surgical consults, and after review of 1/30/2012 repeat MRI scans, was not found to be a surgical candidate. Current medications are Lyrica 75mg po BID, Lidoderm, and omeprazole. Physical examination documents limited lumbar flexion at 60 degrees, 15 degrees extension, and 25/25 left and right lateral bending, negative SLR bilaterally, decreased right L4-5 and L5-S1 sensation, and 2+ DTR bilaterally. She was administered bilateral piriformis injections. Diagnoses are lumbar DDD, lumbar radiculopathy, and numbness

and tingling. Injured worker management is continue medications with addition of Voltaren gel and Dendracin cream, request authorization for bilateral L4-5, L5-S1 and SI joint epidural injections under fluoroscopy, trigger point injections, and chiropractic therapy.

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

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

#### **Lumbar TF (Transforaminal) ESI (Epidural Steroid Injection) Bilateral L4-5, L5-S1 Under Fluoroscopic Guidance: 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 Page(s): 46.

**Decision rationale:** The injured worker reported she had not benefited from the prior lumbar epidural steroid injection. The guidelines state that in the therapeutic phase, "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." Sustained reduction in medication use and pain level and improved function as result of prior injection is not established. The medical records fail to establish this injured worker obtained clinically significant improvement with the prior lumbar ESI, as required by the guidelines to support a repeat injection. Therefore, the medical necessity of this request is not established. The request is not medically necessary.

#### **Right SI (Steroid Injection) 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, Sacroiliac Block

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

**Decision rationale:** The CA MTUS guidelines do not address this request. According to the Official Disability Guidelines, Sacroiliac joint blocks may be recommended as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy (physical therapy, home exercise and medication management), and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings), of SI joint dysfunction. However, the medical records do not establish the injured worker has any findings consistent with SI joint pathology. The submitted documentation does not substantiate the injured worker has SI joint dysfunction. Therefore, she is not a candidate for the SI joint injection; the medical necessity of the request is not established. The request is not medically necessary.

