

<b>Case Number:</b>	CM14-0095527		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/28/1997
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Louisiana. 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

### 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 female who was injured on 01/28/1997. The mechanism of injury is unknown. Prior medication history included Neurontin, Ibuprofen, and Cyclobenzaprine. Prior treatment history has included physical therapy and chiropractic treatment. The most recent report provided is listed on the UR, and its dated 05/30/2014 and it states the patient has a diagnosis of lumbar radiculopathy, left sacroiliac joint pain, and myofascial pain syndrome. The patient was having worsening pain radiating down the low back. There is no updated exam available for review. The latest notes presented were dated from 1998. Prior utilization review dated 06/10/2014 states the request for Lumbar Epidural Steroid Injection at L4-L5; left sacroiliac joint injection is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection at L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections 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. There is a lack of supporting documentation pertaining to recent

conservative treatment or diagnostic testing to support this request. This is not medically necessary at this time.

**Left sacroiliac 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, Hip and Pelvis conditions.

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

**Decision rationale:** According to the Official Disability Guidelines, Sacroiliac Joint Injection are recommended as an option if at least 4-6 weeks of aggressive conservative therapy has failed. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam finding listed in the guidelines. In this case, there are no supporting documentation of positive provocative SI joint finding therefore, this request is not medically necessary at this time.