

Case Number:	CM14-0096315		
Date Assigned:	07/25/2014	Date of Injury:	02/09/2009
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 52-year-old female who reported an injury on 02/09/2009. The mechanism of injury was not provided within the documentation submitted for review. Her diagnoses were noted to be low back pain and spondylosis cervical. The injured worker's prior treatments were noted to be physical therapy, home exercise, and medication management. Surgical history was noted to be tubal ligation. The injured worker had subjective complaints of tenderness in the sacroiliac region. The physical examination noted decreased sensation over C7 dermatome on the left. The treatment plan is for a SI injection. The provider's rationale for the request was noted. A Request for Authorization form was not provided within the documentations submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection to the right sacroiliac joint and lumbar spine: 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 chapter, criteria for use of sacroiliac blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): , page(s) 301, Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid

injections: Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, ESI - therapeutic.

Decision rationale: The request for steroid injection to the right sacroiliac joint is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate the purpose of an ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long term functional benefit. Criteria for use of epidural steroid injections includes a documentation of radiculopathy with corroborating imaging studies and/or electrodiagnostic testing. The patient must be unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. The injections should be performed using fluoroscopy for guidance. American College of Occupational and Environmental Medicine date invasive techniques (local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement, this treatment offers no significant long term functional benefit. Nor does it reduce the need for surgery. The Official Disability Guidelines recommend epidural steroid injections as a possible option for short term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use of conjunction with active rehab efforts. The injured worker's evaluation lacks the criteria, according to the guidelines, for an epidural steroid injection. In addition, the provider's request is nonspecific to the sacroiliac joint requested. As such, the request for steroid injection to the right sacroiliac joint and lumbar spine is not medically necessary.