

<b>Case Number:</b>	CM14-0125417		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	04/23/2005
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Emergency 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 72 year-old female, who sustained an injury on April 23, 2005. The mechanism of injury is not noted. Diagnostics have included: May 28, 2009 lumbar MRI reported as showing multi-level degenerative changes with no disc herniation. Treatments have included: medications, physical therapy, FRP, L4-S1 decompression/fusion, LESI, SI injections. The current diagnoses are: lumbar disc disease, lumbar radiculopathy. The stated purpose of the request for Bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection and sacroiliac joint injections under fluoroscopy was to address neurogenic bowel and bladder symptoms and lumbosacrll radicular symptoms. The request for Bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection and sacroiliac joint injections under fluoroscopy was denied on July 7, 2014, citing a lack of documentation of positive exam findings indicative of SI joint pathology. Per the report dated June 4, 2014, the treating physician noted complaints of increased radicular pain with radiation to the right foot and bilateral sacroilliac pain, and has received 90% improvement from previous LESI and SI injections. Per the July 20, 2014 report, the treating physician noted decreased sensation right greater than left L3-4 and L5-S1 dermatomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection and sacroiliac joint injections under fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections; Criteria for the use of epidural ster. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Procedure Summary: Criteria for the use of sacroiliac blocks

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks

**Decision rationale:** The requested Bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection and sacroiliac joint injections under fluoroscopy, is not medically necessary. California's Division of Worker's Compensation Medical Treatment. Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Page 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note concerning repeat injections. "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, with a general recommendation of no more than 4 blocks per region per year." CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, note criteria for such injections, as "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above) Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise, and medication management." The injured worker has increased radicular pain with radiation to the right foot and bilateral sacroiliac pain, and has received 90% improvement from previous LESI and SI injections. The treating physician has documented decreased sensation right greater than left L3-4 and L5-S1 dermatomes. Although criteria have been met for a repeat LESI, the treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met, Bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection and sacroiliac joint injections under fluoroscopy is not medically necessary. The injured worker has increased radicular pain with radiation to the right foot and bilateral sacroiliac pain, and has received 90% improvement from previous LESI and SI injections. The treating physician has documented decreased sensation right greater than left L3-4 and L5-S1 dermatomes. Although criteria have been met for a repeat LESI, the treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met, Bilateral L4-L5 and L5-S1 transforaminal epidural steroid injection and sacroiliac joint injections under fluoroscopy is not medically necessary.