

<b>Case Number:</b>	CM14-0166144		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	05/27/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53-year-old man who sustained a work related injury on May 27, 2014. Subsequently, he developed chronic low back pain. MRI of the lumbar pain dated June 17, 2014 showed loss of disc height at the L2-3 level with reactive end plate changes anteriorly at inferior L2 and superior L3. There was both anterior and posterior bulging noted at the L2-3 level as well as at the L3-4. Desiccation was also noted at L3-4 and L4-5 with a large posterior disc bulge at L4-5. The L5-S1 level was relatively well preserved both in height and hydration. The axial view showed significant foraminal stenosis at the L4-5 level bilaterally due to posterior element hypertrophy and a broad based disc bulge. Moderate to severe bilateral foraminal stenosis was also noted at the L3-4 level. At L2-3, a broad based disc bulge was noted with posterior element hypertrophy causing mild bilateral foraminal stenosis. According to a progress report dated September 22, 2014, the patient reported ongoing pain in his upper back between the shoulder blades. He also had low back stiffness. His pain radiated to the hips and buttocks. The pain level becomes worse throughout the day depending on his activities. The patient rated his pain level as a 5/10. The patient reported continuous episodes of anxiety, stress, and depression due to chronic pain and disability status. On examination, the patient had normal gait and was able to perform toe and heel walk with pain in the back. There was tenderness to palpation over the lumbar paravertebral area with moderate spasm noted. There was tenderness over paraspinous muscles over lower lumbar spine. There was no tenderness over the bilateral sacroiliac joints. Lumbar spine range of motion was limited by pain. Straight leg raise was negative on the right at 90 degrees and negative on the left at 90 degrees. Laseque was negative on the right and left. Patrick's was negative. FABER test was negative on the right and left. Deep tendon reflexes were within normal limits. Sensory exam was decreased t the lateral calf. The patient was diagnosed with lumbar disc herniation with radiculopathy and sacroiliitis on the right. The provider

requested authorization for Right Sacroiliac Joint Injection and Right L4-5 Foraminal Epidural Steroid Injection.

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

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

#### **Right Sacroiliac Joint Injection and Right L4-5 Foraminal Epidural Steroid Injection (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines ODG Sacroiliac injections.

**Decision rationale:** California MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1.the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore, the requested for right Sacroiliac Joint Injections is not medically necessary. According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, right L4-5 Epidural Steroid Injection is not medically necessary.