MAXIMUS Federal Services

Case Number:	CM14-0203356		
Date Assigned:	12/15/2014	Date of Injury:	03/27/2012
Decision Date:	02/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab 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 patient is a 47 year old male with date of injury 03/27/12. The treating physician report dated 07/24/14 indicates that the patient presents with pain affecting the low back which is associated with muscle spasms, limited range of motion of the neck and arms which is also associated with muscle spasms, and pain over the left buttocks. (61) The physical examination findings reveal bilateral straight leg raise pain at 70 degrees on the right and 50 degrees on the left, decreased sensation at L4, L5, and S1 on the right side, and the left hip showed tenderness at the ileofemoral region with some crepitus noted. Prior treatment history includes 2 lumbar ESI, acupuncture, physical therapy, laboratory tests, and medications. MRI findings reveal mild disc degeneration at C4-5 and C6-7 and a mild 4 mm posterolateral disc protrusion at C4-5 resulting in a mild right C4-5 foraminal encroachment; there is a 4 mm right paracentral and right posterolateral disc protrusion at C5-6 resulting in spinal stenosis and a 2-3 mm broad-based posterior disc protrusion at C6-7 and mild spinal canal stenosis. The current diagnoses are: 1. Cervical Intervertebral Disc Syndrome2. Lumbar Intervertebral Disc Syndrome3. Cervical Radiculopathy 4. Lumbar Radiculopathy5. Musculoligamentous Injury Lumbosacral 6. Musculoligamentous Injury Cervical The utilization review report dated 11/6/14 (169) denied the request for Left-Transforaminal Lumbar Epidural Steroid Injection (LESI) @L3-4, L4-5, Under Fluoroscopy Guidance, 1 Left-Sacroiliac (Si) Joint Injection, Under Fluoroscopy Guidance , and 1 Cervical Epidural Steroid Injection (CESI) @ C7-T1 With Catheter At C4-7, Under Fluoroscopy Guidance based on guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left-Transforaminal Lumbar Epidural Steroid Injection (LESI) @L3-4, L4-5, Under Fluoroscopy Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIS).

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

Decision rationale: The patient presents with pain affecting the low back which is associated with muscle spasms, limited range of motion of the neck and arms which is also associated with muscle spasms, and pain over the left buttocks. The current request is for Left-Transforaminal Lumbar Epidural Steroid Injection (LESI) @L3-4, L4-5, Under Fluoroscopy Guidance. The treating physician states, "This will be his third lumbar ESI. This is especially since he has had a recent exacerbation after almost being completely pain free. The patient has had radiculopathy that we have documented through subjective complaints and physical examination, which is corroborated by the patient's imaging studies. The patient has been unresponsive to conservative treatment, with physiotherapy, time and medical management for at least 3 months." (22) The MTUS guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. 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." In this case, the treating physician has documented that the patient has had 2 other successful ESI's in the past but there is no documentation of when the last injection was performed or if there was 50% reduction of pain and there is no documentation of reduction of medication usage as required by the MTUS guidelines. The current request is not medically necessary.

1 Left-Sacroiliac (SI) Joint Injection, Under Fluoroscopy Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Low Back, Sacroiliac joint injections (SJI)

Decision rationale: The patient presents with pain affecting the low back which is associated with muscle spasms, limited range of motion of the neck and arms which is also associated with muscle spasms and pain over the left buttocks. The current request is for 1 Left-Sacroiliac (SI) Joint Injection, Under Fluoroscopy Guidance. The treating physician has documented that the patient is having muscle spasms and has signs of radiculopathy. The MTUS guidelines do not address sacroiliac joint injections so the ODG guidelines are used. The first criteria for the use of

sacroiliac blocks state that the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. The treating physician in this case does not document a complaint of pain in the SI joint, there is no diagnosis of S/I joint dysfunction, and there are no positive S/I joint exam findings as required by ODG. The records provided failed to document any motion palpation or pain provocation examination findings to support a diagnosis of S/I joint dysfunction which is the first criteria for S/I joint blocks. The records provided failed to document the necessary criteria for performing a sacroiliac block. The current request is not medically necessary.

1 Cervical Epidural Steroid Injection (CESI) @ C7-T1 with Catheter at C4-7, Under Fluoroscopy 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 (ESIs) Page(s): 46.

Decision rationale: The patient presents with pain affecting the low back which is associated with muscle spasms, limited range of motion of the neck and arms which is also associated with muscle spasms and pain over the left buttocks. The current request is for 1 Cervical Epidural Steroid Injection (CESI) @ C7-T1 with Catheter at C4-7, Under Fluoroscopy Guidance. The treating physician states, "The patient presents today complaining of progressive limited range of motion to the neck and arms associated with severe muscle spasms." The MTUS guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment." In this case, the treating physician has not documented that the patient has been unresponsive to other therapies for his neck, there are no positive MRI findings at C7/T1 noted for disc herniation and there are no examination findings noted to support cervical radiculopathy. The current request is not medically necessary.