Case Number:	CM14-0204710		
Date Assigned:	12/17/2014	**Date of Injury:**	03/21/2011
Decision Date:	02/06/2015	**UR Denial Date:**	11/25/2014
Priority:	Standard	**Application Received:**	12/08/2014

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 Internal 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 patient is an injured worker with a history of low back pain and internal derangement of the right knee due to a torn medial meniscus and loose bodies treated with arthroscopic partial medial meniscectomy and abrasion arthroplasty. Mechanism of injury was lifting. Date of injury was March 10, 2014. The primary treating orthopedic surgeon's report dated March 10, 2014 documented the results of a lumbar MRI magnetic resonance imaging scan performed on April 19, 2012, which demonstrated little evidence of neurological impingement, preserved disc spaces and degenerative facets. X-ray of the lumbar spine performed on June 26, 2014 noted diffuse idiopathic skeletal hyperostosis (DISH) and prominent hypertrophic spurs with unremarkable alignment. No disk space narrowing was noted. No worrisome paraspinous findings was noted. No other significant pathology identified was noted. The primary treating physician's progress report dated November 14, 2014 documented subjective complaints of right lower back, buttock, hip area and right knee, radiating pain to right lower extremity from lower back. He reports pain across his lower back going to toes. He report major pain over right buttock area and right lower back. His main pain right now is his right lower back and hip area. He reports he will have a hip surgery. His low back pain is getting severe. Physical examination of the lumbosacral spine was documented. Straight leg raise test was positive on right side at 40 degrees. Severe tenderness of the right lower lumbar facet joint and sacroiliac joint was noted. Extension of the lumbar spine produces pain over right lower back. Flexion is adequate. Gait was slow with a limp. Posture is normal. There is no paraspinal muscle spasm. Diagnoses included lumbar radiculopathy and sacroiliac joint dysfunction. The physician discussed with the patient about right lumbar area pain and buttock pain. Before the patient goes for hip joint surgery, diagnostic and therapeutic right sacroiliac joint injection was recommended. There is a possibility the pain over hip area is

secondary to sacroiliac joint and right greater trochanteric bursitis. Sacroiliac joints injection and right L5 and S1 transforaminal epidural steroid injection were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar transforaminal epidural steroid injection @ L5 and S1 with x-ray to be done a [redacted].: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The primary treating physician's progress report dated November 14, 2014 documented a request for right L5 and S1 transforaminal epidural steroid injection were requested. No electrodiagnostic results were documented. Lumbar MRI magnetic resonance imaging scan performed on April 19, 2012 demonstrated little evidence of neurological impingement, preserved disc spaces and degenerative facets. Xray of the lumbar spine performed on June 26, 2014 noted diffuse idiopathic skeletal hyperostosis and prominent hypertrophic spurs with unremarkable alignment. No disk space narrowing was noted. No worrisome paraspinous findings was noted. No other significant pathology identified was noted. Corroboration was not provided by imaging studies or electrodiagnostic testing. Per MTUS, criteria for the use of epidural steroid injections require that radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Because corroboration was not provided by imaging studies or electrodiagnostic testing, the request for epidural steroid injection is not supported by the medical records and MTUS and ACOEM guidelines. Therefore, the request for Right lumbar transforaminal epidural steroid injection @ L5 and S1 with x-ray to be done a [redacted] is not medically necessary.