

Case Number:	CM15-0104809		
Date Assigned:	06/09/2015	Date of Injury:	02/07/2000
Decision Date:	07/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 61-year-old male, who sustained an industrial injury on 02/07/2000. He has reported injury to the low back and bilateral knees. The diagnoses have included low back pain; lumbosacral spondylosis; status post-bilateral total knee replacements; status post L1 to L4 global decompression, fusion, and instrumentation, with L5-S1 degenerative spondylosis, foraminal stenosis, and L5 radiculitis; and lumbar post-laminectomy syndrome. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, home H-Wave device, injections, physical therapy, and surgical intervention. A progress note from the treating physician, dated 05/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued low back pain with intermittent left leg pain, numbness, and weakness; has recovered nicely from bilateral knee replacements; ambulates with a cane; he is almost five years status post L1 to L4 global decompression, fusion, and instrumentation, and 12 years status post L4-L5 global decompression, fusion, and instrumentation; he is currently not taking any pain medications; and he has had excellent responses to L5-S1 transforaminal blocks in the past. Objective findings included positive sciatic nerve stretch test on the left; he can walk on his tip toes and heels with subjective left leg pain; decreased forward and backward lumbar flexion; tenderness of the left sciatic notch; and decreased sensation of the left L5 dermatome. The treatment plan has included the request for left lumbar (sacroiliac) block, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar (sacroiliac) Block, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: 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 evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. There is no clear documentation of radiculopathy at the level of L5-S1. Therefore, Left Lumbar (sacroiliac) Block, L5-S1 is not medically necessary.