

Case Number:	CM15-0149501		
Date Assigned:	08/12/2015	Date of Injury:	09/30/2013
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old male, who sustained an industrial injury on September 30, 2013. He reported pain in the right low back. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included diagnostic studies, ice and heat application, ointment, medication, transcutaneous electrical nerve stimulation unit, exercise, physical therapy, a sacroiliac joint injection, chiropractic treatment and acupuncture treatment. Acupuncture provide temporary relief of pain. On June 23, 2015, the injured worker complained of right low back pain with tingling. The pain was rated as a 3-6 on a 1-10 pain scale. Heat, rest and stretching were noted to relieve the pain. The treatment plan included an epidural versus S1 joint injection. On July 2, 2015, Utilization Review non-certified the request for an L5-S1 epidural injection versus sacro iliac joint injection, citing California MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural injection QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no current objective examination findings suggestive of radiculopathy with corroborative imaging and/or electrodiagnostic studies. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.

Sacro iliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Sacroiliac Joint Injections (SJI), Sacroiliac Joint Blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for sacroiliac joint injections, CA MTUS does not address the issue. ODG recommends sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks with all other possible pain generators have been addressed. Furthermore, prior SI injection was done with no clear indication of significant functional improvement from that procedure. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.