

<b>Case Number:</b>	CM15-0161501		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	10/31/2007
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old male sustained an industrial injury to the low back on 10-31-07. Previous treatment included lumbar fusion, lumbar revision, epidural steroid injections, home exercise and medications. In a PR-2 dated 6-23-15, the injured worker complained of persistent low back pain. The injured worker underwent lumbar epidural steroid injections on 11-21-14 without improvement. The physician noted that a different type of injection - not epidural steroid injection - had been recommended by a different physician. Physical exam was remarkable for lumbar spine with tenderness to palpation and decreased and painful range of motion. The injured worker ambulated with a cane. Current diagnoses included status post lumbar fusion surgery times two, lumbar spine radiculopathy, lumbar discogenic pain and muscle spasms of the lumbar spine paraspinal musculature. The treatment plan included continuing pain medications, continuing home exercise, walking, and requesting authorization for right facet injections at L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection of the Right SI Joint with Marcaine and Steroid: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (20th Annual Edition) & ODG Treatment in Workers' Comp (13th Annual Edition), 2015, Hip Chapter, 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) Pelvic Chapter/Sacroiliac injections, therapeutic.

**Decision rationale:** The Official Disability Guidelines do recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Per ODG, current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology. In this case, the medical records do not establish that the injured worker's condition is considered rheumatologic in origin. The request for Injection of the Right SI Joint with Marcaine and Steroid is not medically necessary and appropriate.

**Norflex Tab 100mg CR #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Antispasmodics, Orphenadrine Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** According to the MTUS guidelines, antispasmodics are used to decrease muscle spasm in conditions such as low back pain. The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the medical records note evidence of muscle spasm on clinical examination. The medical records do not establish prolonged use of this medication. The request for Norflex Tab 100mg CR #60 is medically necessary and appropriate.