MAXIMUS Federal Services

Case Number:	CM15-0180906		
Date Assigned:	09/22/2015	Date of Injury:	10/01/1993
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, 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 is a 74 year old male with a date of injury on 10/01/93. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain and he underwent back surgery in 1994. Medical records (5-27-15 and 7-24-15) indicate continued complaints of chronic low back pain extending across the lumbar spine and radiating down both lower extremities. The pain is described as constant and throbbing rated 8-9 out of 10. He underwent bilateral L4-5 and L5-S1 lumbar epidural steroid injection on 1-22-15 with a pain level decline from 8-9 out of 10 to 2 out of 10. Most recent progress report related to request dated 7-24-15 reports the last lumbar epidural steroid injection was done on 6-2-15, he had a decline in pain but not as much as compared to the prior procedure done on 1-22-15. He has been authorized 2 LESI per year and the benefits do not last for 6 months. The physical exam reveals tenderness at the mid-line lower lumbar spine, range of motion of the cervical spine is reduced, motor and sensory functions in upper extremities are within normal limits and he has decreased sensation in the left lower extremity. Plan of care includes: request for three epidural steroid injections per year each procedure provides relief for several months but not 6 months, refilled norco 7.5-325 mg 1 every 6 hours as needed for pain and encouraged to continue stretching and exercise. The original utilization review (9-3-15) denied the request for lumbar sacroiliac joint injection 3 per year and lumbar epidural steroid injections 3 per year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint injection (3 per year): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Sacroiliac injections.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Inital Care, Physical Methods, Summary.

Decision rationale: According to the ACOEM guidelines, injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The claimant requires 3 per year to provide pain control. Due to lack of sustained benefit, the request for SI joint injections are not medically necessary.

Epidural steroid injections (3 per year): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: In this case, the claimant has several ESIs per year. The MRI findings do not indicate nerve root encroachment. The ACOEM guidelines do not recommend invasive procedures do to their short-term benefit. There is no mention as well for the use of fluoroscopy. Based on the guidelines criteria and the lack of correlation between imaging and exam, the request for ESI twice yearly is not medically necessary.