

Case Number:	CM15-0189781		
Date Assigned:	10/01/2015	Date of Injury:	07/28/2014
Decision Date:	11/18/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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

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 28 year old who sustained an industrial injury on 7-28-14. He is currently (7-31-15) working full time. The medical records indicate that the injured worker is being treated for a disc injury, lumbar spine with sciatica; lumbosacral sprain-strain; radiculopathy of lower extremities; plantar fasciitis, fibroma; anxiety; depression. He currently (8-31-15) complained of bilateral sacroiliac joint pain (handwritten and mostly illegible). The note dated 7-31-15 indicates low back pain radiating to the bilateral lower extremities, left greater than right. His pain level was 5 out of 10 with medications and his sleep is improved with medications. On physical exam (5-21-15) there was decreased range of motion due to pain of the lumbar spine with spasms and negative straight leg raise. Sensory exam was normal in all dermatomes of the bilateral lower extremities. He limits his activities of daily living to avoid aggravating his symptoms. He has had an MRI of the lumbar spine (7-15-14) showing disc desiccation, disc protrusion, and mild facet arthropathy. He was treated with chiropractic therapy with temporary improvement; physical therapy with no improvement (21 sessions); medications: ibuprofen, Ambien, Cymbalta, Ativan, Norco, naproxen, amitriptyline; a series of lumbar epidural injection (9-2014) with a few days of pain relief; acupuncture with benefit. The request for authorization dated 9-1-15 was for bilateral sacroiliac joint injections and bilateral transforaminal epidural steroid injection at L3-4 and L4-5. On 9-14-15 Utilization Review non-certified the requests for bilateral sacroiliac joint injection; bilateral transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines, hip and Pelvis Chapter.

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 under Sacroiliac injections, diagnostic Low Back Chapter, under Sacroiliac joint injections.

Decision rationale: The patient presents on 08/31/15 with bilateral sacroiliac joint pain. The remaining subjective complaints are illegible. The patient's date of injury is 07/28/14. The request is for BILATERAL SACROILLIAC JOINT INJECTIONS. The RFA is dated 09/01/15. Physical examination dated 08/31/15 reveals positive pelvic thrust test, positive Patrick's test, positive FABER test, and positive Gaenslen's sign. The remaining physical examination findings are handwritten, poorly scanned, and largely illegible. The patient's current medication regimen is not provided. Diagnostic MRI dated 07/15/15 was provided, significant findings include: "Mild facet arthropathy is seen at the L3-4 and L4-5 levels." Patient's current work status is not provided. Official Disability Guidelines, Hip and Pelvis chapter under Sacroiliac injections, diagnostic states the following: "Not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology). Consideration can be made if the injection is required for one of the generally recommended indications for sacroiliac fusion. See Sacroiliac fusion. Also Not recommended: Sacral lateral branch nerve blocks and/ or dorsal rami blocks in anticipation of sacroiliac radiofrequency neurotomy." Official Disability Guidelines, Low Back Chapter, under Sacroiliac joint injections states: "Not 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." In regard to the bilateral SI joint injections, such treatments are not considered appropriate for this patient's chief complaint. Per progress note dated 08/31/15, the patient presents with bilateral sacroiliac joint pain which does not appear to be inflammatory or rheumatologic in origin. Per ODG, such therapies are not supported for chronic pain conditions, and are generally only considered appropriate in select cases for patients suffering from inflammatory spondyloarthropathy. In this case, the patient presents with chronic bilateral joint pain and is not presumed to be suffering from a rheumatologic condition or spondyloarthropathy. Without evidence that this patient suffers from a condition for which SI joint injections are

considered a treatment option, the request cannot be substantiated. The request IS NOT medically necessary.

Bilateral Transforaminal Epidural Steroid injection: 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: The patient presents on 08/31/15 with bilateral sacroiliac joint pain. The remaining subjective complaints are illegible. The patient's date of injury is 07/28/14. The request is for BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION (L3-4 AND L4-5 PER RFA). The RFA is dated 09/01/15. Physical examination dated 08/31/15 reveals positive pelvic thrust test, positive Patrick's test, and positive Gaenslen's sign. The remaining physical examination findings are handwritten, poorly scanned, and illegible. The patient's current medication regimen is not provided. Diagnostic MRI dated 07/15/15 was provided, significant findings include: "Mild facet arthropathy is seen at the L3-4 and L4-5 levels." Patient's current work status is not provided. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance... 8. Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Per RFA dated 09/01/15, the treater is requesting a lumbar ESI at the L3-4 and L4-5 levels for the management of this patient's chronic lower back pain. Per QME dated 06/08/15, the provider states: "He was given a referral to [REDACTED] pain management who saw him and gave him an injection in early September 2014. The injection ablated the pain for a few days and then the pain recurred." Physical examination dated 08/31/15 (which is associated with this request) does not include any evidence of neurological deficit in the bilateral lower extremities. Diagnostic MRI dated 07/15/15 indicates only mild facet arthropathy at the L3-4 and L4-5 levels, with no mention of disc protrusion, foraminal stenosis, or nerve root abutment. It is not clear why the provider would request a lumbar ESI at these levels given the lack of neurological compromise and unremarkable MRI findings at the requested levels. It is also not clear why repeat injections would be requested if the previous injections failed to provide sustained relief. MTUS guidelines require clear documentation of physical examination findings indicating neurological compromise in a specific dermatomal distribution, and MRI evidence of foraminal stenosis/nerve root abutment at the requested levels. For repeat injections, documentation of 50 percent improvement lasting 6-8 weeks is also required. In this case, no such documentation is provided and as a result, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.

