

Case Number:	CM15-0190903		
Date Assigned:	10/05/2015	Date of Injury:	08/28/1998
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/28/2015

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 58 year old male who sustained an industrial injury on 8-28-98. Diagnoses are noted as postlaminectomy syndrome-lumbar, lumbosacral spondylosis, and sacroiliitis other. Previous treatment includes medication, Xray lumbar spine-8-26-15, surgery, and bipolar radiofrequency ablation. In a progress report dated 8-10-15, the physician notes bilateral low back pain rated at 6 out of 10. It is noted he is having significant difficulty wearing shoes as he has difficulty bending. He is awaiting authorization of bipolar radiofrequency ablation of the sacroiliac joints. In an emergency room note dated 8-26-15, the physician notes complaint of left sided lower back pain. He has a history of back surgery and his leg gave out causing him to fall. Pain is described as sharp and rated at 10 out of 10 and that home medications are not helping. Physical exam reveals tenderness to the left lower lumbar paraspinal area with spasm, pain to the left hip without obvious fracture or dislocation. Xray of the lumbar spine reveals "hardware in place without any malfunction or new fractures." He was given an injection of Dilaudid and Zofran and was able to ambulate without as much pain. He was discharged home with a prescription for Cyclobenzaprine to add to his anti-inflammatory and Norco. The requested treatment of left L4-L5 transforaminal epidural steroid injection and left sacroiliac joint diagnostic -therapeutic steroid injection under fluoroscopic guidance and conscious sedation was non certified on 9-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 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: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular symptoms, myotomal and dermonatomal neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute or progressive change in any neurological findings or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. The Left L4-L5 Transforaminal Epidural Steroid Injection is not medically necessary and appropriate.

Left Sacroiliac Joint Diagnostic/Therapeutic steroid injection under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, SI Joint, pages 263-264.

Decision rationale: ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. It has also been questioned as to whether SI joint blocks are the diagnostic gold standard as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not clearly defined symptom complaints, documented specific clinical findings or met the guidelines criteria with ADL limitations, failed conservative

treatment trials, or functional improvement from treatment previously rendered for this chronic 1998 injury. The Left Sacroiliac Joint Diagnostic/Therapeutic steroid injection under fluoroscopic guidance and conscious sedation is not medically necessary and appropriate.