

Case Number:	CM15-0202391		
Date Assigned:	10/19/2015	Date of Injury:	05/07/2012
Decision Date:	11/30/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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:

The injured worker is a 43 year old female, who sustained an industrial injury on 05-07-2012. A review of the medical records indicates that the worker is undergoing treatment for lumbago, radiculopathy and myofascial pain syndrome of the lumbosacral spine musculature. MRI of the lumbar spine dated 06-16-2014 was noted to show moderate bilateral foraminal narrowing and mild central canal stenosis at the L5-S1 level secondary to a 3 mm broad-based posterior disc protrusion along with degenerative facet disease and redundancy of ligamentum flavum. Subjective complaints (06-09-2015, 07-28-2015 and 09-17-2015) included low back and right sciatic pain that was rated as 6-7 out of 10 with medication. Medications and massage therapy were noted to have helped. Objective findings (06-09-2015 and 07-28-2015) included decreased range of motion of the lumbar spine, positive straight leg raise on the right at 60 degrees with radiation to the posterior thigh and calf and decreased sensation over the calf and lateral foot. Objective findings (09-17-2015) included tenderness to palpation of the thoracic, lumbar and sacral spine with positive straight leg raise at 75 degrees. Treatment has included pain medication, physical therapy, massage therapy, acupuncture, chiropractic therapy and an unspecified injection. Documentation notes that in 2012 an injection was administered but there is no indication as to what type of injection had been received. The physician noted that an L5-S1 epidural steroid injection and right sacroiliac joint injection was being requested. A progress note from 06-09-2015 noted that authorization for a follow-up with pain management regarding L5-S1 epidurals was being requested but it's unclear if the injection had been received. A

utilization review dated 09-25-2015 non-certified requests for lumbar epidural steroid injection L5-S1 and right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1: Overturned

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

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

Decision rationale: According to the guidelines, an ESI is appropriate for those with radicular signs who have failed prior conservative management. In this case, the claimant has tried therapy, medications acupuncture, etc and had persistent back pain with peripheral radicular signs. There were prior requests for ESIs but there is no indication that they were provided. The request for an ESI for the L5-S1 region is medically necessary.

Right sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 3, Initial Approaches to Treatment, Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Sacroiliac injections, Low Back-Lumber & Thoracic (Acute & Chronic) Sacroiliac joint injections (SJI).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the guidelines, invasive procedures are not recommended due to their short-term benefit. SI/hip injections are indicated for bursitis but not arthritis. In this case, the claimant did not have bursitis. There were no details on the prior injection received. The request for an SI injections is not medically necessary.