

<b>Case Number:</b>	CM15-0208772		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	07/13/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 13, 2014. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve requests for sacroiliac joint injection and a transforaminal lumbar epidural steroid injection. The claims administrator referenced an August 31, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On May 8, 2015, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of low back pain with derivative complaints of stress, anxiety, and sleep disturbance. The applicant was receiving psychotherapy, it was reported. The applicant was on Naprosyn and topical-compounded agent for pain relief, the treating provider. On August 26, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of low back pain radiating to the right lower extremity were reported, 6/10. The applicant was not working, it was reported in several sections of the note. The note was thinly and sparsely developed, handwritten, difficult to follow, and compromised, in large part, preprinted checkboxes, without much supporting rationale or supporting commentary. On August 31, 2015, the applicant consulted a pain management physician who reported severe complaints of low back pain, 8 to 9/10, with associated muscle spasm complaints with radiation of pain to right thigh was reported. The applicant reported difficulty negotiating stairs. The applicant had failed physical therapy, manipulative therapy, and acupuncture, it was reported. The applicant's medications include Naprosyn, dietary supplements, tramadol, and topical compounds, it was reported. The attending provider

referenced a CT imaging of the lumbar spine without contrast of July 13, 2014 demonstrating grade 1 spondylolisthesis with neuroforaminal narrowing. Positive x-ray was noted on exam with well-preserved, 5/5 lower extremity motor function. First lumbar epidural steroid injection at L5-S1 was sought. The attending provider contended that said epidural steroid injection could play a diagnostic role. Neurontin was endorsed. A sacroiliac joint injection was also sought.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **First sacroiliac joint injection under fluoroscopy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Sacroiliac Blocks National Library of Medicine.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 611.

**Decision rationale:** No, the proposed sacroiliac joint (SI) injection under fluoroscopy was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, page 300 notes that invasive techniques and injections, as a whole, are of "questionable merit." Here, the attending provider's concurrent request for a lumbar epidural and a sacroiliac joint injection, thus, was at odds with the MTUS Guideline in ACOEM Chapter 12, page 300, and with the Third Edition ACOEM Guidelines Low Back Disorders Chapter, which notes on page 611 that sacroiliac joint injections are not recommended in the treatment of chronic nonspecific low back pain as was seemingly present here but, rather, should be reserved for applicants with some rheumatologic improvement of spondyloarthropathy implicating the SI joints. Here, however, there was no mention of the applicant's carrying a diagnosis of HLA-B27 positive spondyloarthropathy implicating the SI joints, for instance, which would have compelled the SI joint injection at issue. Therefore, the request was not medically necessary.

#### **First transforaminal lumbar epidural steroid injection, under fluoroscopic guidance L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Epidural Steroid Injections.

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

**Decision rationale:** Similarly, the request for a transforaminal epidural injection at L5-S1 was likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the

MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that radiculopathy should be "corroborated by imaging studies and/or electrodiagnostic testing." Here, however, the attending provider acknowledged on August 31, 2015 that lumbar MRI imaging is pending and that, by implication, that there was neither radiographic nor electrodiagnostic corroboration of radiculopathy as of the date of the request, August 31, 2015. Therefore, the request was not medically necessary.