

Case Number:	CM15-0209578		
Date Assigned:	10/28/2015	Date of Injury:	03/22/2011
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 47 year old male who sustained an industrial injury on 03-22-2011. Medical records indicated the worker was treated for right wrist sprain-strain, bilateral carpal tunnel syndrome on EMG/NCV of upper extremities done 04-16-2014, left wrist DeQuervain's, Lumbar spine sprain-strain with left more than right sciatica, anxiety and depressive disorder. MRI of the cervical spine on 05-21-2014 was read as having remote anterior wedging of the C5 vertebra, at C3-4 there is a 3-mm midline disc protrusion, at C5-6 there is a 2-mm midline disc protrusion both having mild central canal narrowing, and at C4-5 normal disc height with no disc protrusion or central canal narrowing. Activities of daily living are curtailed, and self-care activities are performed slowly and with discomfort. He has difficulty sitting, climbing stairs, reaching, grasping items at chest level and overhead. He has difficulty manipulating objects with his hands, repetitive motion activities, and forceful activities with his arms. His pain level averages a 7 on a scale of 0-10 at its best and a 6 on a scale of 0-10 at its worst. Medications include Lyrica, Duragesic patch, and Neurontin. On examination, he has pain on palpation over the spinous processes from C2 through C7. There is increased tone in the right and left trapezius with point tenderness in the form of severe myofascial pain on deep palpation with severe guarding. Cervical compression test is negative. Cervical distraction test is negative. Adson test is negative. Range of motion of the cervical spine is limited. Palpation of the sacroiliac joint on the left reproduces sharp shooting pain down the posterior and lateral aspects of the right thigh, suggestive of a severely positive sacroiliac joint thrust test. Gaenslen's test is positive, and Patrick Fabre test is positive. His diagnoses include cervical sprain-strain, cervical paraspinal

muscle spasms, cervical disc herniation, cervical radiculitis-radiculopathy, and sacroiliitis of the left sacroiliac joint. A request for authorization was submitted for Cervical Epidural steroid injection with a catheterization of the entire cervical spine from C2-C7, and Left Sacroiliac Joint Injection. A utilization review decision 09-29-2015 non-certified the request. Office visit dated 10-01-2015, has a plan for treating the patient's lumbar radiculopathy with no mention of the sacroiliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural steroid injection with a catheterization of the entire cervical spine from C2-C7: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: Regarding the request for Cervical Epidural steroid injection with a catheterization of the entire cervical spine from C2-C7, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. Within the documentation available for review, there are recent subjective complaints and physical examination findings supporting a diagnosis of radiculopathy, but not MRI or electrodiagnostic studies supporting a diagnosis of radiculopathy at all the levels requested. Additionally, the request exceeds the no more than two nerve root levels should be injected using transforaminal blocks or no more than one interlaminar level should be injected at one session. As such, the currently requested Cervical Epidural steroid injection with a catheterization of the entire cervical spine from C2-C7 is not medically necessary.

Left Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Initial Care, Physical Methods, Follow-up Visits, Special Studies, Summary. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for Left Sacroiliac Joint Injection, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should

suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction but not failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Additionally, it is unclear whether all other possible pain generators have been addressed since a lumbar epidural injection is being requested. In the absence of clarity regarding these issues, the currently requested Left Sacroiliac Joint Injection is not medically necessary.