

Case Number:	CM15-0028284		
Date Assigned:	02/20/2015	Date of Injury:	05/24/2013
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/16/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36 year old male sustained an industrial injury on 5/24/13, to the low back. Current diagnoses included lumbar sprain/strain, lumbar paraspinal muscle spasms, disc herniation, lumbar radiculitis and sacroiliitis of right sacroiliac joint. In a PR-2 dated 2/2/15, the injured worker complained of severe pain over the right buttock with radiation to the right thigh with numbness and tingling that was progressively increasing in severity as well as ongoing low back pain with limited range of motion of the lumbar spine with tingling and numbness to the right leg. Pain was rated at 9/10 on the visual analog scale. Physical exam was remarkable for positive Gaanslen's test, Patrick's / FABER test and sacroiliac joint thrust test. There was positive straight leg raising test and decreased sensation in the lower extremities dermatomes. The medications listed are compound topical creams. The treatment plan included requesting authorization for a right sacroiliac joint injection and a right lumbar epidural steroid injection. The physician noted that the injured worker received 50% improvement after the first epidural steroid and right SI joint injections on 3/31/14 that lasted for eight weeks. The IW is awaiting authorization for L5-S1 decompression and fusion surgery. On 1/20/15, Utilization Review noncertified a request for 2nd Right Trans Lumbar Epidural Steroid Injection (LESI) at L4-L5, and 2nd Left -S1 Joint Injection Under Fluoroscopy noting lack of relief from previous epidural steroid injections and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Right Trans Lumbar Epidural Steroid Injection (LESI) @ L4-L5, and 2nd Left -S1 Joint Injection Under Fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute LLC; Corpus Christi, TX; Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back Pelvi and Hip. Sacroiliac joint.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain injections can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications and PT have failed. The guidelines recommend that epidural and SI joints injections can be repeated if there is documentation of greater than 60% pain relief for more than eight weeks with associated functional restoration. The records indicate that the patient had subjective and objective findings consistent with lumbar radiculopathy and right SI Joints. The previous injections were reported to have peak beneficial effects for 8 weeks and residual effects after. The patient is awaiting authorization of lumbar fusion surgery. The criteria for second right L4-L5 transforaminal epidural steroid injection and second right SI joint injection was met. The guidelines recommend that the injections be performed separately not done together at one setting.