

Case Number:	CM15-0217085		
Date Assigned:	11/06/2015	Date of Injury:	04/25/2013
Decision Date:	12/28/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/04/2015

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 41 year old male who sustained an industrial injury on 4-25-13. A review of the medical records indicates he is undergoing treatment for lumbar sprain and strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis and radiculopathy of bilateral lower extremities, sacroiliitis of bilateral sacroiliac joints, and chronic pain. Medical records (4-2-15, 5-12-15, 6-4-15 7-9-15, and 10-1-15) indicate ongoing complaints of "moderate to severe" low back pain with radiation to bilateral lower extremities. Associated numbness and tingling is noted. He also complains of bilateral sacroiliac joint pain. He rates his pain "8 out of 10". The physical exam (10-1-15) reveals a normal gait. The provider indicates that the injured worker is able to "walk on heels and toes with difficulty due to bilateral hip pain". "Straightening" is noted of the lumbar lordosis. "Severe" guarding is noted to deep palpation over the lumbar area associated with "severe" myofascial pain. The provider indicates "worsened" radiculopathy at L4-L5 dermatomes. Palpation of the bilateral sacroiliac joints produced a sharp, shooting pain down the posterior and lateral aspects of the bilateral thighs, which the provider indicates is "suggestive of severely positive sacroiliac joint thrust test, Gaenslen's test positive, and Patrick Fabre test positive". Lumbar range of motion is noted to be diminished. The straight leg raising tests were "severely positive" in the seated and supine positions. Motor strength is noted to be "5 out of 5" bilaterally in all planes. Diagnostic studies have included x-rays of the lumbar spine, and MRIs of the lumbar spine, sacrum, and coccyx, a lumbar ultrasound, and bilateral sacroiliac ultrasounds. An EMG-NCV of bilateral lower extremities has also been completed. Treatment has included medications, physical therapy,

acupuncture, a home exercise program, and a TENS unit. Treatment recommendations include a transforaminal epidural steroid injection at L4-5 and L5-S1, as well as bilateral sacroiliac joint injections. The utilization review (10-21-15) includes requests for authorization of one bilateral transforaminal lumbar epidural steroid injection at L4-5 and L5-S1 and one bilateral sacroiliac injection. The bilateral sacroiliac injection was denied. The bilateral lumbar transforaminal epidural steroid injection was modified to one left transforaminal lumbar epidural steroid injection at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral transfoaminal lumbar epidural steroid injection at L4-5 and 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: The patient was injured on 04/25/13 and presents with lumbar spine pain. The request is for 1 BILATERAL TRANSFOAMINAL LUMBAR EPIDURAL STEROID INJECTION AT L4-5 AND L5-S1. The utilization review denial letter modified the request to "1 left transforaminal lumbar epidural steroid injection at L4-5 and L5-S1." The RFA is dated 10/14/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient had a prior ESI to the lumbar spine. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 46, Epidural Steroid Injections (ESIs) section states: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The 10/01/15 treatment report states that the "patient has multiple disc herniations with signs/symptoms of radiculitis/radiculopathy of the lower extremities which is progressive in nature, matching dermatomal distribution, and correlated with positive MRI results." He is diagnosed with lumbar sprain and strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis and radiculopathy of bilateral lower extremities, sacroiliitis of bilateral sacroiliac joints, and chronic pain. Treatment to date includes medications, physical therapy, acupuncture, a home exercise program, and a TENS unit. The 10/30/14 MRI of the lumbar spine revealed a 6 mm left paracentral protrusion resulting in abutment and displacement of the descending left L5 nerve root with moderate narrowing of the left lateral recess and a 5 mm midline and left paracentral disc protrusion with abutment of the descending left S1 nerve root at L5-S1. Given the patient's continuous lower back pain, MRI findings, and objective findings, a trial of lumbar epidural

steroid injection appears reasonable. The requested epidural steroid injection at L4-5 and L5-S1 IS medically necessary.

1 bilateral sacroiliac injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under SI joint injections.

Decision rationale: The patient was injured on 04/25/13 and presents with lumbar spine pain. The request is for 1 BILATERAL SACROILIAC INJECTION based on the progressive radiculitis/ radiculopathy to the bilateral lower extremities. The utilization review rationale is that the patient does not reveal SI inflammation. The RFA is dated 10/14/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient had a prior SI injection. ODG Guidelines, Low Back Chapter under SI joint injections Section, "Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. The 10/01/15 treatment report states that the patient "is also suffering from severe bilateral sacroiliac joint inflammation with signs and symptoms of radiculitis/ radiculopathy to the posterior and lateral aspects of both thighs. Gaenslen's test, Patrick Fabre test, and sacroiliac joint thrust demonstrated as positive." He is diagnosed with lumbar sprain and strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis and radiculopathy of bilateral lower extremities, sacroiliitis of bilateral sacroiliac joints, and chronic pain. Treatment to date includes medications, physical therapy, acupuncture, a home exercise program, and a TENS unit. The patient does not present with inflammatory SI joint problems, and the ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. Therefore, the request IS NOT medically necessary.