

Case Number:	CM15-0217700		
Date Assigned:	11/09/2015	Date of Injury:	07/25/2002
Decision Date:	12/21/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/05/2015

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: 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 injured worker is a 58 year old male, who sustained an industrial injury on 7-25-02. The injured worker was being treated for lumbar bulging disc bilateral radiculopathy, lumbago with sciatica of bilateral legs, bilateral sacral joint arthropathy, myofascial pain syndrome in low back and buttock and left hip bursitis. On 9-23-15, the injured worker presents for a follow-up regarding treatments done so far and rates pain prior to treatment 10 out of 10; he wishes to proceed with further treatment. He is currently not working. Physical exam performed on 9-23-15 revealed trigger points of bilateral gluteus maximus-medius-minimus and piriformis muscles with radiation to buttock, bilateral positive Gaenslen's exam, positive Patrick's test with radiation of pain in bilateral groin, low back and back of thigh and non-antalgic gait. Lumbar spine MRI performed on 5-13-14 revealed mild disc desiccation throughout lumbar spine, post op changes in left pelvis, disc bulge at L1-2, L2-3, L3-4, L4-5 and L5-S, moderate to severe left foraminal narrowing of L4-5 encroaching on left L4 nerve root and mild to moderate facet arthropathy of L3-4, L4-5 and mildly at L5-S1. Treatment to date has included revision of pelvic fracture with fixation, left L4-5 transforaminal lumbar epidural steroid injection, 6-11-15, provided 30% improvement of radicular leg pain, bilateral sacral iliac joint steroid injection, 7-16-15 provided 45% improvement of buttock pain and left hip bursa steroid injection (with 20% improvement of left hip pain); oral medications including opioids and activity modifications. The treatment plan dated 9-23-15 included request for bilateral L4-5 and L5-S1 lumbar facet joint steroid injection under fluoroscopic guidance, repeat bilateral L4-5 transforaminal lumbar epidural steroid injection under fluoroscopic guidance and repeat bilateral sacral iliac joint steroid injection under

fluoroscopic guidance. On 10-6-15 request for repeat bilateral L4-5 transforaminal lumbar epidural steroid injection under fluoroscopic guidance every 2 weeks and repeat bilateral sacral iliac joint steroid injection under fluoroscopic guidance every 2 weeks was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacral iliac joint steroid injection under fluoroscopic guidance every 2 weeks:
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 - Sacroiliac injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis/SI joint injections.

Decision rationale: MTUS Guidelines do not address this issue. Updated ODG Guidelines no longer support the diagnostic or therapeutic use of sacral iliac joint injections unless there is a well diagnosed spondyloarthropathy affecting the SI joints i.e. inflammatory changes in the SI joints corresponding with positive serum markers. This individual does not meet these Guideline criteria and there are no unusual circumstances to justify an exception to Guidelines. The request for bilateral sacral iliac joint steroid injection under fluoroscopic guidance every 2 weeks is not supported by Guidelines and is not medically necessary.

Repeat Bilateral L4-5 transforaminal lumbar epidural steroid injection under fluoroscopic guidance every 2 weeks: Upheld

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: MTUS Guidelines have very specific recommend criteria to justify the use of epidural injections. These criteria include the presence of a radiculopathy that follows a dermatomal pattern, the presence of corresponding diagnostic testing (MRI or electrodiagnostics), and finally the injections are not to be repeated on a frequent basis and only if there is a significant and sustained response to the prior injection. These criteria are not met in this individual. A radiculopathy is not documented, corresponding diagnostic changes are not documented and the request for repeating every 2 weeks is not consistent with the recommended frequency. There are no unusual circumstances to justify an exception to Guidelines. The request for Repeat Bilateral L4-5 transforaminal lumbar epidural steroid injection under fluoroscopic guidance every 2 weeks is not supported by Guidelines and is not medically necessary.