

<b>Case Number:</b>	CM15-0217820		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 73-year-old, male who sustained a work related injury on 8-25-03. A review of the medical records shows he is being treated for low back pain. In the progress notes dated 9-16-15 and 9-30-15, the injured worker reports sudden low back pain. The pain radiates to both legs. Upon physical exam dated 9-30-15, he has tenderness and spasm in lumbar paraspinal muscles. He has trigger points in lumbar paraspinals including sacroiliac joints. Sacroiliacs are not tender. Lumbar range of motion is restricted. Sensory exam is normal. Treatments have included lumbar epidural steroid injection-some relief, lumbar spine surgery on 1-22-15 and medications. Current medications include Norco, Celebrex, Lyrica, Nucynta, Tylenol and Ultram ER. No notation on working status. The treatment plan includes request for sacroiliac joint injection. The Request for Authorization dated 10-5-15 has requests for caudal epidural and bilateral sacroiliac joint injection under ultrasound guidance. In the Utilization Review dated 10-12-15, the requested treatments of bilateral sacroiliac joint injection under ultrasound guidance and caudal epidural under ultrasound guidance are not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral SI joint injection under ultrasound guidance x 2: 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 (updated 10/09/2014)- Online version.

**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:** Based on the 9/30/15 progress report provided by the treating physician, this patient presents with low back pain radiating to bilateral legs. The treater has asked for BILATERAL SI JOINT INJECTION UNDER ULTRASOUND GUIDANCE X 2 but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 10/5/15 are back pain and sciatica. The patient is s/p unspecified right knee surgery x 2 per 9/30/15 report. The patient is s/p medications, physical therapy, unspecified right shoulder injection and right shoulder surgery, lumbar spine epidural steroid injection, and lumbar surgery (decompression and fusion) from 1/22/15 per 8/19/15 report. The 8/13/15 report specifies the lumbar fusion was done at the L4-5 level. The patient has completed physical therapy and feels it did improve lumbar pain and lower extremity symptoms per 8/13/15 report. The patient is currently retired as of 8/19/15 report. ODG-TWC, 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." Review of the reports does not show any evidence of prior sacroiliac joint injections. The treater does not discuss this request in the reports provided. The patient continues with pain in the low back radiating to the bilateral lower extremities. However, review of reports do not show evidence of inflammatory SI joint problems as documented by radiology, X-rays, bone scan or MRI/CT scans. ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. This request does not meet guidelines indication for a bilateral sacroiliac joint Injection. Therefore, the request IS NOT medically necessary.

**Caudal epidural under ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (updated 09/24/2015)- Online Version.

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

**Decision rationale:** Based on the 9/30/15 progress report provided by the treating physician, this patient presents with low back pain radiating to bilateral legs. The treater has asked for CAUDAL EPIDURAL UNDER ULTRASOUND GUIDANCE but the requesting progress

report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 10/5/15 are back pain and sciatica. The patient is s/p unspecified right knee surgery x 2 per 9/30/15 report. The patient is s/p medications, physical therapy, unspecified right shoulder injection and right shoulder surgery, lumbar spine epidural steroid injection, and lumbar surgery (decompression and fusion) from 1/22/15 per 8/19/15 report. The 8/13/15 report specifies the lumbar fusion was done at the L4-5 level. The patient has completed physical therapy and feels it did improve lumbar pain and lower extremity symptoms per 8/13/15 report. The patient is currently retired as of 8/19/15 report. MTUS Guidelines, Epidural Steroid Injections section, page 46 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. Per review of reports, the patient has had at least one prior epidural steroid injection to the lumbar of unspecified date and unspecified benefit. Utilization review letter dated 10/12/15 denies the request as the patient has not had a post-fusion MRI, and there as no radicular findings on exam. In this case, the patient is s/p L4-5 lumbar fusion from 1/22/15. Per progress note dated 9/30/15, the treater notes that this patient has ongoing low back pain with a radicular component in the lower extremities. The treater is requesting a caudal epidural steroid injection for the management of this patient's chronic lower back pain. However, there is no lumbar MRI provided in the documentation. There are no physical exam findings documenting radiculopathy, either. MTUS requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The request does not meet guideline indications. Therefore, the request IS NOT medically necessary.