

<b>Case Number:</b>	CM15-0052343		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	08/02/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Iowa, Illinois, Hawaii Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 65-year-old male, with a reported date of injury of 08/02/2004. The diagnoses include lumbar radiculopathy, lumbar spondylosis and degenerative disc disease, sacroiliac joint pain, and lumbar facet arthropathy. Treatments to date have included oral medications, epidural steroid injection, physical therapy, chiropractic treatment, acupuncture, and an MRI of the lumbar spine. The medical report dated 02/18/2015 indicates that the injured worker complained of low back pain. He rated the pain 7 out of 10. The pain was associated with left leg numbness and tingling. The physical examination showed no swelling over the lumbosacral spine; moderate tenderness with palpation of the sacral iliac joint; tender lumbar extension; no sensory deficits in the bilateral distal lower limbs; and a negative straight leg raise test. The treating physician requested bilateral sacroiliac joint injection with fluoroscopy and left L5-S1 transforaminal epidural steroid injection with fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral S1 (sacroiliac) Joint Injection with fluoroscopy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints

Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic and Other Medical Treatment Guidelines MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

**Decision rationale:** ACOEM Guidelines report that "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended." Physical exam findings do not suggest that extension and rotation significantly exacerbate low back pain. Additionally, the treating physician does not document lumbar rigidity. The treating physician states that prior injections failed to give the patient any relief. In addition, the patient's last injection was on 01/2015 and the treating physician does not document the functional benefit of that injection. As such, the request for Bilateral S1 (sacroiliac) Joint Injection with fluoroscopy is not medically necessary.

**Left (lumbar) L5/ S1 (sacroiliac) Transforaminal Epidural Steroid Injection with fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 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. Medical documents indicate that the patient has failed physical therapy. However, there is no documentation or imaging to indicate that the patient has radiculopathy which must be documented before ESI's can be administered. As such, the request for Left (lumbar) L5/S1 (sacroiliac) Transforaminal Epidural Steroid Injection with fluoroscopy is not medically necessary.