MAXIMUS Federal Services

Case Number:	CM15-0056989		
Date Assigned:	04/01/2015	Date of Injury:	08/09/2009
Decision Date:	05/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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: Florida
Certification(s)/Specialty: Family Practice

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 27 year old female, who sustained an industrial injury on 8/9/09. She has reported a slip and fall with injury to the back, knee and wrist. The diagnoses have included lumbar spinal stenosis, lumbar degenerative disc disease (DDD), lumbar spondylosis, right sacroiliitis, chondromalacia patellae and joint pain of forearm. Treatment to date has included medications, diagnostics, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS), Epidural Steroid Injection (ESI) in 2012 with 2 week pain relief and pain management. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography was done on 3/14/14. The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 3/14/14. The current medications included Aleve, Ibuprofen and Tylenol. Currently, as per the physician pain management evaluation progress note dated 1/29/15, the injured worker complains of 6 year history of low back and bilateral lower extremity pain. The low back pain was described as aching and sharp and rated 4-8/10. The pain in the legs is bilateral with right leg radiation to the soles of the feet with burning, tingling and weakness in the right leg. Physical exam of the lumbar spine revealed tenderness to palpation, decreased range of motion, and positive right side Patrick's test with pain elicited in the right low back. There was severe tenderness noted to palpation of the right sacroiliac joint. The physician noted that despite the pain, the injured worker continues to work part time and she has been treated conservatively including physical therapy without much improvement in symptoms. The physician requested treatment includes Right L5-S1 transforaminal epidural steroid injection and Right sacroiliac joint block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LESI: Epidural Steroid Injections Page(s): 80.

Decision rationale: MTUS Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 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) 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. Regarding this patient's case, it is noted that she had an epidural injection in 2012 and that the results only lasted for 2 weeks. There is no documentation of a 50% pain reduction lasting for 6-8 weeks. Likewise, this request is not medically necessary.

Right sacroiliac joint block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM Low Back Disorders, Sacroiliac joint injections Page(s): ACOEM Low Back Disorders.

Decision rationale: ACOEM guidelines do not support sacroiliac joint injections unless there is evidence of sacroilitis. It is not recommended for acute, subacute, or chronic back pain, or pain thought to be related to the sacroiliac joints without documentation of sacroilitis. These medical records do not provide any documentation of a inflammatory sacroilitis (rheumatologic disease) diagnosis. Likewise, this request is not medically necessary.