

Case Number:	CM15-0081513		
Date Assigned:	05/04/2015	Date of Injury:	07/24/2013
Decision Date:	06/05/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/28/2015

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: Internal 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 45 year old male, who sustained an industrial injury on 7/24/2013. Diagnoses include lumbar spondylosis, sacroiliac joint dysfunction, lumbar radiculopathy and hip pain. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), surgical intervention (L4 and L5 fusion undated), injections, work modification and medications. Per the Primary Treating Physician's Progress Report dated 3/26/2015, the injured worker reported right buttock area pain, right groin pain and right anterior thigh pain. He reports ongoing pain in the lower back radiating to the hips and down the legs. He states that 2 injections gave him great relief. He also reports pain over the left foot and states the pain is burning on the left heel and bottom of foot. Physical examination revealed mild tender facet joint tenderness and severe tenderness over the right facet joint. Straight leg raise is positive. The plan of care included injections and authorization was requested for caudal epidural steroid injection and x-ray and right S1 joint injection with anesthesia and a prescription for Vimovo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection with anesthesia and x-ray under fluoroscopic guidance:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page 46.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses epidural steroid injections (ESIs). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Epidural steroid injections treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Chronic Pain Medical Treatment Guidelines (Page 46) states that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The American Academy of Neurology concluded that epidural steroid injections do not affect impairment of function or the need for surgery and do not provide long-term pain relief. ESI treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections requires that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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. 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. Most current guidelines recommend no more than 2 ESI injections. Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. No more than 2 epidural steroid injections are recommended. The request for authorization dated 3/31/15 documented a request for caudal epidural injection for a diagnosis of right hip pain. The level and side were not specified. The pain management progress report dated 3/17/15 documented pain the low back. The patient stated that last two injection provided relief, but the magnitude of the improvement and duration were not documented. Physical examination demonstrated normal motor strength and sensation in bilateral lower extremities. Sitting straight leg raise test was negative. Treatment plan included a caudal epidural steroid injection, without specifying the location. The level and side of the epidural steroid injection was not specified. The pain management progress report dated 3/17/15 did not document corroborative imaging or electrodiagnostic studies. Without specification of the location, side, and level of the injection, the request for caudal epidural steroid injection cannot be endorsed. MTUS guidelines do not support the request for a third epidural steroid injection. The request for epidural steroid injections is not supported by MTUS guidelines. Therefore, the request for caudal epidural steroid injection is not medically necessary.

Right Sacroiliac joint injection with anesthesia: 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 and Pelvis (Acute and Chronic), Criteria for the use of sacroiliac blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks. ACOEM 3rd Edition (2011) Low Back Disorder <http://www.guideline.gov/content.aspx?id=38438>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (page 300) states that invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (page 309) states that facet-joint injections, trigger-point injections, and ligamentous injections are not recommended. ACOEM 3rd Edition (2011) states that sacroiliac joint injections for chronic low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease) is not recommended. Official Disability Guidelines (ODG) indicates that sacroiliac joint blocks are recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology. There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories). A systematic review commissioned by the American Pain Society (APS) and conducted at the Oregon Evidence-Based Practice Center states that there is insufficient evidence to evaluate validity or utility of diagnostic sacroiliac joint block, and that there is insufficient evidence to adequately evaluate benefits of sacroiliac joint steroid injection. ODG criteria for the use of sacroiliac blocks requires that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The physical examination should suggest the diagnosis with documentation of at least 3 positive exam findings: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Diagnostic evaluation must first address any other possible pain generators. The pain management progress report dated 3/17/15 documented only one physical examination finding suggestive of sacroiliac joint disorder. The Patrick's test (FABER) was noted to be positive. ODG criteria require 3 or more physical examination findings. Other possible pain generators are in consideration. The anesthesiologist record dated 7/1/14 documented the performance of right SI sacroiliac joint injection with Aristocort (Triamcinolone) and Marcaine. The pain management progress report dated 7/17/14 documented that the pain relief lasted for 8 days and came back. Per ODG, if steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. Because the 7/1/14 sacroiliac joint injection provided pain relief for 8 days, the request for a repeat sacroiliac joint injection is not supported by ODG guidelines. Therefore, the request for a sacroiliac joint injection is not medically necessary.