

<b>Case Number:</b>	CM15-0243156		
<b>Date Assigned:</b>	12/22/2015	<b>Date of Injury:</b>	07/26/2002
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	12/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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:

This is a 65 year old female with a date of injury of July 26, 2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine stenosis. Medical records dated September 17, 2015 indicate that the injured worker complained of back pain and left radicular leg pain with occasional right radicular leg pain. A progress note dated November 18, 2015 documented complaints of worsening pain in the back radiating to the left leg. The treating physician documented that the injured worker had "Severe instability above her old fusion with a retrolisthesis". The physical exam dated September 17, 2015 reveals positive straight leg raise testing left greater than right, weakness of the left quadriceps, and diminished reflexes. The progress note dated November 18, 2015 documented a physical examination that showed tenderness localized to the left sacroiliac joint, pain with pelvic compression, positive pelvic distraction test, positive thigh thrust test, positive FABER and Gaenslen's tests, severely limited active range of motion of the thoracolumbar spine, back and leg pain with bilateral straight leg raise testing, weakness of the left quadriceps, and diminished reflexes. Treatment has included lumbar spine fusion, sacroiliac joint injection, and lumbar epidural steroid injection. Magnetic resonance imaging of the lumbar spine (July 2, 2015) showed the previous fusion, mild to moderate anterolisthesis at L4 on L5, degenerative retrolisthesis of L2 on L3, dextroscoliosis at L2-3 with right lateral translation of L2 on L3, and degenerative changes at L2-3 with severe bilateral neural foraminal stenosis as well as bilateral lateral recess stenosis right worse than left. The utilization review (December 3, 2015) non-certified a request for a lumbar epidural

steroid injection at L2-3 under imaging and a left sacroiliac joint injection under ultrasound guidance.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left lumbar epidural steroid injection under imaging L2-3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 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. 8) No more than 2 ESI injections. In this case, there is a subjective complaint of radiculopathy, however there is a lack of objective evidence to establish medical necessity of this request. The request for left lumbar epidural steroid injection under imaging L2-3 is determined to not be medically necessary.

#### **Retrospective request for Left S1 joint injection under ultrasound guidance DOS 11/18/15: 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 Procedure summary.

**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 Chapter/Sacroiliac Joint Blocks Section.

**Decision rationale:** The MTUS Guidelines do not address the use of sacroiliac joint injections. The ODG recommends sacroiliac joint blocks as an option if the injured worker has failed at least 4-6 weeks of aggressive conservative therapy. The criteria for the use of sacroiliac blocks include: 1) history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. 2) diagnostic evaluation must first address any other possible pain

generators. 3) the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. 4) blocks are performed under fluoroscopy. 5) a positive diagnostic response is recorded as 80% for the duration of the local anesthetic, and if the first block is not positive, a second diagnostic block is not performed. 6) 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. 7) in the treatment phase the suggested frequency for repeat blocks is 2 months or longer provided that at least 70% pain relief is obtained for 6 weeks. 8) the block is not to be performed on the same day as a lumbar epidural steroid injection, transforaminal epidural steroid injection, facet joint injection or medial branch block. 9) in treatment phase the interventional procedures should be repeated only as necessary judging by the medical necessity criteria and should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. In this case, the injured worker has had at least 5 previous SI joint injections without clear evidence of at least 70% pain relief lasting longer than 6 months. The request for retrospective request for Left S1 joint injection under ultrasound guidance DOS 11/18/15 is determined to not be medically necessary.