

Case Number:	CM14-0127756		
Date Assigned:	08/15/2014	Date of Injury:	12/08/1997
Decision Date:	09/19/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64 year old male whose date of injury is 12/08/1997. The mechanism of injury is not described. The injured worker is status post remote L4-5 laminectomy and discectomy. The injured worker underwent right L2-3 interlaminar epidural steroid injection on 10/27/10 as well as right S1 transforaminal epidural steroid injection and right sacroiliac joint injection on 05/14/14. Follow up note dated 06/11/14 indicates that there is only mild relief of low back pain and leg pain decreased from 9/10 to 4/10. On physical examination straight leg raising is negative. There is 5/5 motor strength. Deep tendon reflexes are within normal limits and sensory exam is normal. Physical examination on 07/23/14 is unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Right Si Transforaminal Epidural Injection X1, Right Si Joint Injection X1, Epidurography, Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac joint blocks.

Decision rationale: Current evidence based guidelines do not recommend the performance of these injections on the same date. The records fail to document at least 50% pain relief for at least 6 weeks after prior epidural steroid injection (ESI) as required by California Medical Treatment Utilization Schedule guidelines prior to repeat ESI and fail to document at least 70% pain relief for 6 weeks after prior sacroiliac (SI) joint injection as required by the Official Disability Guidelines prior to repeat SI joint injection. The physical examination fails to establish the presence of active radiculopathy with intact sensation, deep tendon reflexes and motor testing. Straight leg raising is noted to be negative. Therefore, the request for right SI transforaminal epidural injection x 1, right SI joint injection x 1, epidurography, fluoroscopy is not recommended as medically necessary.