

Case Number:	CM14-0140896		
Date Assigned:	09/10/2014	Date of Injury:	09/06/2012
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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 Management 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:

This 54-year male old patient had a date of injury on 9/6/2012. The mechanism of injury was MVA. In a progress noted dated 7/23/2014, the patient complained of persistent pain in the S1 distribution on the right leg. He describes burning pain. In the right low back and right lower leg, he has electric throbbing feeling. There are no weakness, numbness, or bowel bladder changes. He reports the SCS provides significant relief while it is turned on. He also states that the current medications/treatment regimen has resulted in a 70% reduction in pain. The patient's medications include flexeril, arthritic, Nortriptyline, oxycodone 5/325. Exams findings revealed intact motor, sensation, and reflexes in lower extremities. The pain is noted to be in the S1 distribution on the right leg. The neurological exam of the lower limb showed no abnormal movements and normal tone. The diagnostic impression shows post laminectomy syndrome, lumbosacral spondylosis without myelopathy. Treatment to date: medication therapy, behavioral modification, lumbar fusion in 2011, reinsertion of spinal cord stimulator generator 4/4/2013. A UR decision dated 7/31/2014 denied the request for right S1 sacral transforaminal epidural steroid injection, stating that there was no evidence of radiculopathy documented by examination findings and corroborated by imaging and/or Electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right S1 Sacral transforaminal Epidural Steroid Injection (ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 309

Decision rationale: CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). In a progress report dated 7/23/2014, the physician states that the pain is located in the S1 distribution. However, the physical examination showed intact motor sensation and reflexes in the lower extremities, with no abnormal movements and normal tone. The motor strength is noted to be 5/5 in the S1/S2 region. Furthermore, the patient noted that he achieved 70% pain relief from medications, and that his SCS provided significant relief when turned on. Therefore, the request for right S1 Sacral transforaminal steroid injection was not medically necessary.