

Case Number:	CM14-0148368		
Date Assigned:	09/18/2014	Date of Injury:	02/24/2014
Decision Date:	10/27/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/12/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 38-year-old female who reported an injury on 02/24/2004 due to unspecified mechanism. The injured worker complained of stabbing lower back pain radiating to the left leg with numbness and tingling. The diagnoses included rule out lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, right S1 joint sprain, and left S1 joint sprain. The prior treatments included extracorporeal shockwave therapy, acupuncture, cold/heat therapy unit, physical therapy, medications, TENS unit, lumbar brace, and chiropractic therapy. The diagnostics included an electromyogram and a nerve conduction velocity study to the lower extremities. The objective findings dated 08/12/2014 of the lumbar spine revealed flexion of 60 degrees and extension of 25 degrees. The injured worker had tenderness to palpation over the lumbar paravertebral muscles. The left hip revealed flexion to 100 degrees and extension to 30 degrees with tenderness to palpation over the S1 joint. The left hip revealed flexion of 100 degrees and extension of 30 degrees with tenderness to palpation over the S1. MRI of unknown date to the lumbar spine revealed L4-5 and L5-S1 with disc displacement; no neural impingement. The medications included capsaicin, Flurbiprofen, tramadol, methadone, and camphor 180 grams. No VAS was provided. The treatment plan included an epidural steroid injection under fluoroscopy and sacroiliac joint injection. The request for authorization dated 09/18/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Caudal; Epidural Injection Under Fluoroscopy and Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sacroiliac Joint Injections (SI)

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

Decision rationale: The request for outpatient caudal epidural injection under fluoroscopy and sacroiliac joint injections is not medically necessary. The California MTUS guidelines note epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines note no more than two nerve root levels should be injected using transforaminal blocks and no more than one interlaminar level should be injected at one session. The Official Disability Guidelines recommend sacroiliac joint injections for patients with a history and physical which demonstrate a diagnosis of sacroiliac joint dysfunction, including at least 3 positive provocative tests upon physical examination. There should be evidence that the patient has completed and failed at least 4-6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. Blocks should be performed under fluoroscopy. The injured worker previously underwent physical therapy and acupuncture, which the provider indicated provided some relief. The injured worker had frequent, moderate, stabbing low back pain with pain radiating to the left leg with numbness and tingling. The physician noted an MRI of the lumbar spine showed L4-L5 and L5-S1 disc displacement with no neural impingement. Within the documentation, there is a lack of physical examination findings indicative of neurological deficit including disturbed sensation, decreased strength, decreased reflexes, and a positive straight leg raise. The requesting physician did not provide the official reports for the electrodiagnostic study and the MRI of the lumbar spine. Therefore, an epidural steroid injection would not be indicated at this time. The injured worker had moderate stabbing bilateral hip pain radiating to the legs with numbness and tingling, associated with kneeling and squatting. There was tenderness to the sacroiliac joint bilaterally. Within the documentation, there was no evidence of significant findings upon physical examination which demonstrate sacroiliac dysfunction, including positive provocative testing. Additionally, the request did not indicate whether fluoroscopic guidance would be used for the sacroiliac joint injection. Therefore, a sacroiliac joint injection would not be indicated at this time. As such, the request is not medically necessary.