MAXIMUS Federal Services

Case Number:	CM14-0173623		
Date Assigned:	10/24/2014	Date of Injury:	05/23/2013
Decision Date:	12/03/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/21/2014

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 Internal 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 patient is an injured worker with left buttock area symptoms. Date of injury was 05-23-2013. Hospital admission report dated 10/15/2013 documented the patient's complaint of left buttock pain. The patient underwent an L3 kyphoplasty in June 2013. Subsequently she obtained a left-sided diagnostic sacroiliac joint injection, which indicated that the left sacroiliac joint was a pain generator. She was positive on provocative maneuvers. She is electively choosing to move forward at this time with the left sacroiliac joint fusion. Physical examination was documented. The patient was stable in her lower extremities. She has markedly positive pain with lateral compression and external rotation on FABER test as well as Gaenslen testing and shear stress applied to the left sacroiliac joint. She has point tender over the left sacroiliac sulcus on palpation. Diagnosis was sacroiliac pain. Treatment plan recommendation was to move forward with left sacroiliac joint arthrodesis. X-ray of the pelvis dated 06-17-2014 documented that there has been a left SI sacroiliac joint arthrodesis with surgical hardware in place. The right sacroiliac joint is normal. Bilateral hips are within normal limits. Left sacral iliac joint arthrodesis with surgical hardware was in place. MRI magnetic resonance imaging of the lumbar spine performed on 06-28-2014 documented that there has been interval vertebroplasty of an L3 compression fracture. At L4-5, there is intervertebral disc desiccation and moderate narrowing. Concentric disc bulging measuring approximately 2 mm in size posteriorly was noted. There was minimal bilateral caudal foraminal stenosis. The spinal canal was widely patent. At L5-S1, there was very mild dorsal disc bulging with no significant spinal or left foraminal stenosis. The progress report dated 9/22/14 documented subjective complaints of left buttock area symptoms. Physical examination was documented. Lumbar spine inspection and palpation was within normal limits. There was no erythema, swelling, deformity, but very tender to palpation at left sacroiliac sulcus and center axial midline. There was a normal physiologic lumbar lordosis. There was no

scoliosis. Lumbar spine range of motion testing is normal in extension, flexion and side-bending. Muscle strength testing of the major muscles innervated by the lumbar spine is graded at 5/5, except left extensor hallucis longus "EHL 4/5, perineal 4/5 and posterior tin 4/5." Sensory testing for pain pinprick, light touch, position, and vibration of the upper leg, lower leg, and foot is intact. Treatment plan included a request for epidural steroid injection left L4-L5 and epidural steroid injection left L5-S1. Utilization review determination date was 10/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection left L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 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. The 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. The progress report dated 9/22/14 did not document radicular pain. The progress report documented left buttock area symptoms. MRI magnetic resonance imaging of the lumbar spine performed on 06-28-2014 documented that at L4-5, there was disc bulging measuring approximately 2 millimeters in size posteriorly and minimal bilateral caudal foraminal stenosis. The spinal canal was widely patent. The medical records do not support the medical necessity of left L4-L5 epidural steroid injection, in accordance with MTUS and ACOEM guidelines.

Epidural steroid injection left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 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. The 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. The progress report dated 9/22/14 did not document radicular pain. The progress report documented left buttock area symptoms. MRI magnetic resonance imaging of the lumbar spine performed on 06-28-2014 documented that at L5-S1, there was very mild dorsal disc bulging with no significant spinal or left foraminal stenosis. The medical records do not support the medical necessity of left L5-S1 epidural steroid injection, in accordance with MTUS and ACOEM guidelines. Therefore, the request for Epidural steroid injection left L5-S1 is not medically necessary.