

<b>Case Number:</b>	CM14-0141752		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/16/2011
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational 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 applicant is a represented [REDACTED], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 16, 2011. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a lumbar epidural steroid injection while approving a sacroiliac joint injection. The claims administrator stated that the applicant did not have compelling evidence of radiculopathy. The applicant's attorney subsequently appealed. Both the lumbar epidural steroid injection and the SI joint injection were listed on the IMR application. In an August 4, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant exhibited a positive straight leg raise on the left. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant had several low-grade disk bulges, 1 to 2 mm, at the L3-L4, L4-L5 and L5-S1 levels. The claimant had superimposed issues with depression. The applicant was kept off of work and asked to follow up in six to eight weeks. In a July 13, 2014 pain management note, the applicant reported moderate-to-severe low back pain radiating to the bilateral legs, 8/10. The applicant denied any issues with comorbidities such as hypertension or diabetes. The applicant exhibited lower extremity strength ranging from 4 to 5/5. Tenderness was appreciated about the lumbar paraspinal muscles as well as the SI joints. Guarding was appreciated. Terocin, Norflex, and Neurontin were endorsed. The applicant was asked to pursue an L5-S1 lumbar epidural steroid injection. The applicant's pain management physician stated that he interpreted the lumbar MRI performed on July 8, 2014 as demonstrating mild L5-S1 neural foraminal narrowing, moderate central stenosis at the L5-S1 level. The attending provider stated that the applicant had tried and failed physical therapy, acupuncture and home exercises.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1ST BILATERAL TRANSFORAMINAL LESI L5-S1 UNDER FLUOROSCOPIC GUIDANCE:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, there is some (admittedly incomplete) evidence of radiculopathy at the level in question, L5-S1. The applicant apparently has neural foraminal stenosis and spinal stenosis at this level. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further supports up to two diagnostic epidural blocks. Here, the applicant has tried, failed, exhausted several conservative treatments, including time, medications, physical therapy, manipulative therapy, acupuncture and several months off of work. A trial of epidural block could, thus, play potentially diagnostic (and/or therapeutic) role here. Therefore, the request is medically necessary.

### **1ST BILATERAL SACROILIAC JOINT INJECTION UNDER FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACEOM Guidelines note that sacroiliac joint injections are not recommended in the radicular pain context present here. Here, the applicant's primary pain generator is, in fact, lumbar radiculitis and lumbar radiculopathy, conditions for which SI joint blocks are not recommended, per ACOEM. ACOEM suggests reserving SI joint blocks for applicants with rheumatologically-proven spondyloarthropathy involving the SI joints. Here, there was/is no evidence that the applicant has rheumatologically-proven spondyloarthropathy implicating the SI joints. Therefore, the request is not medically necessary.