

<b>Case Number:</b>	CM15-0004359		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/04/2011
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 was a 25 year old male, who sustained an industrial injury, June 4, 2014. Mechanism of injury was not provided for review. The injured workers chief complaint was low back pain. The injured worker was diagnosed with lumbar radiculopathy and sprain/strain left knee. Medical records were reviewed. Last report available until 12/2/14. Patient complains of moderate-severe low back pain radiating to L thigh. Patient has diffuse lower lumbar pain with spasms to L paraspinals. Range of motion is decreased. Straight leg raise to 30 degrees on L side causes back pain. "weakness" with L knee extension. The procedures were requested due to recommendation by other specialists. Only other report from spine surgeon dated 8/19/14 showed markedly positive sacroiliac joint testing. Is was positive for sacral thrust, Femoral thrust, Gaenslen, pelvic compression and SI joint pain. MRI of lumbar spine (6/4/14) revealed 4mm diffuse disc bulge at L2-3 with mild spinal stenosis and lateral recess narrowing. Patient is currently on Percocet, motrin and neurontin. The injured worker has undergone the following treatments MRI of the lumbar spine, X-rays of the lumbar spine, physical therapy, home exercise program, Norco, Lodine and arthroscopic surgery of left knee. On December 2, 2014, the treating physician requested L2-3 epidural injection and left S1 joint injection for relief from low back pain. On December 9, 2014, the UR denied authorization of L2-3 epidural injection and left S1 joint injection. The MTUS ACOEM guidelines do not support epidural injection treatment in the absence of objective radiculopathy in management of injuries to the back, in the effort to avoid surgery.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L2/3 Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Table 12-8.

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

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long term plan. Fails criteria.2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Pt has only been noted to have undergone physical therapy and is only on neurontin. Recommendations by specialist for trial of TCAs have not been attempted. Fails criteria.3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Patient has MRI with disc bulges but exam fails to document findings consistent with radiculopathy as defined by MTUS guidelines. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.

### **Left S1 joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis

**Decision rationale:** MTUS Chronic pain and ACOEM guidelines do not have any sections that deal with this topic. Official Disability Guidelines (ODG) recommend Sacroiliac (SI) joint blocks under certain guidelines. 1) 3 positive findings consistent with SI joint dysfunction. Patient is positive for bilateral SI joint tenderness, Gaenslen, Pelvic thrust and SI thrust test. Meets criteria.2) Diagnostic evaluation must address other pain generators. Does not meet criteria. Patient has lumbar pathology that is being treated with MRI showing disc bulges. Lumbar pain may be primary source of pain and it has not yet been appropriately dealt with. The concomitant request for lumbar epidural injections shows that diagnosis of SI joint dysfunction is still not considered the primary cause of pain.3) Aggressive conservative therapy for at least 4-6 weeks. Patient has undergone medications and at least 12 physical therapy sessions with no improvement. There is also a requirement for a comprehensive home exercise program. Meets

criteria Patient meets several but has yet to meet all the necessary criteria needed to recommend SI joint block. SI joint block is not medically necessary.