

Case Number:	CM15-0115831		
Date Assigned:	06/24/2015	Date of Injury:	06/22/2012
Decision Date:	07/27/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 45 year old female who sustained an industrial injury on 06/22/2012. She reported pain in the neck, shoulders, wrists, hands, back, knees, ankles and feet. The injured worker was diagnosed as lumbar sprain/strain; lumbar paraspinal muscle spasms; lumbar disc herniations; lumbar radiculitis/radiculopathy of the right lower extremity; sacroiliitis of the right sacroiliac joint. Treatments to date have included physical therapy, home exercise and acupuncture with limited improvement. The worker complains of lumbar spine pain that is worsening with radiculopathy progressive in intensity at levels L2, L3, and L4. She complains of progressive weakness, numbness and tingling in the right leg when climbing stairs, taking long walks, and while performing activities of daily living including home exercise. She also has right sacroiliac joint pain. On examination there is positive sacroiliac joint thrust test, and positive Gaenslen's sign and Patrick Fabre test. There are lumbar paraspinal muscle spasms on deep palpation and severe guarding with reproduction of pain at 8/10 level during exam. Deep palpation over the lumbar spinous process reproduces severe pain radiating to corresponding dermatome in the right leg. Palpation over the right sacroiliac joint reproduced sharp shooting pain down the posterior and lateral aspects of the right thigh. The treatment plan is for the first right sacroiliac joint injection based on the progressive radiculitis/radiculopathy to the right lower extremity and results of the MRI showing lumbar disc herniations. A bilateral L2-3, L3-4 transforaminal lumbar epidural steroid injection under fluoroscopic guidance is also planned. Requests for authorization were made for the following: 1. Another Lumbar TF ESI at

Bilateral L2-3, L3-4 under Fluoroscopic Guidance, 2. Right Sacroiliac Joint Injection, and 3. Pain Management Consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Another Lumbar TF ESI at Bilateral L2-3, L3-4 Under Fluoroscopic Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46.

Decision rationale: The claimant sustained a work injury in one 2012 and continues to be treated for BEA low back pain. When seen, there were lumbar paraspinal muscle spasms and guarding and radiating pain with palpation over the lumbar spinous processes. Sacroiliac joint testing was positive. There was decreased lumbar spine range of motion. Straight leg raising was positive and there was a mildly antalgic gait. There was a normal lower extremity neurological examination. Authorization for a two level bilateral lumbar transforaminal epidural steroid injection and right sacroiliac joint injection were requested. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents a normal lower extremity neurological examination. Performing an epidural injection on the same day of treatment as a sacroiliac joint injection is not recommended as this may lead to improper diagnosis or unnecessary treatment. The request cannot be accepted as being medically necessary.