

Case Number:	CM15-0120855		
Date Assigned:	07/01/2015	Date of Injury:	08/30/2010
Decision Date:	07/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/22/2015

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 is a 53 year old female who sustained an industrial injury on 08/30/10. Initial complaints and diagnoses are not available. Treatments to date include medications, chiropractic treatments, acupuncture, physical therapy, cortisone injections, and home exercise program, lumbar epidural steroid injection, biofeedback, a Functional Capacity Evaluation, and a left sacroiliac injection. Diagnostic studies include x-rays, and MRIs of the lumbar spine, left wrist and hip, and electrodiagnostic studies of the bilateral upper extremities. In a progress note dated 04/27/15 the treating provider reports the plan of care as a bilateral sacroiliac injections and a left L3-L5 epidural steroid injection. The requested treatments include a bilateral sacroiliac injections and a left L3-L5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal lumbar epidural steroid injection at levels L3-4 and L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in August 2010 and continues to be treated for low back pain with bilateral lower extremity radicular symptoms. A left sacroiliac joint injection was done in May 2012. An interlaminar L4-5 epidural injection was done in July 2012. Recent treatment has included 24 sessions of physical therapy, acupuncture, and chiropractic care with only mild relief. When seen, she was having worsening low back pain with left lower extremity numbness. She had worsening bilateral sacroiliac joint pain. Physical examination findings included lumbar paraspinal and spinous process pain. There was pain over the sacroiliac joints. Patrick, Gaenslen, and sacroiliac joint stress testing was positive. Straight leg raising was positive and the claimant was noted to ambulate with a limp. Authorization for a two level transforaminal epidural injection and bilateral sacroiliac joint injections was requested. Guidelines recommend that, in the therapeutic phase, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the degree and duration of any pain relief following the previous is not documented. The requested repeat lumbar epidural steroid injection was not medically necessary.

Bilateral sacroiliac joint injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant sustained a work injury in August 2010 and continues to be treated for low back pain with bilateral lower extremity radicular symptoms. A left sacroiliac joint injection was done in May 2012. An interlaminar L4-5 epidural injection was done in July 2012. Recent treatment has included 24 sessions of physical therapy, acupuncture, and chiropractic care with only mild relief. When seen, she was having worsening low back pain with left lower extremity numbness. She had worsening bilateral sacroiliac joint pain. Physical examination findings included lumbar paraspinal and spinous process pain. There was pain over the sacroiliac joints. Patrick, Gaenslen, and sacroiliac joint stress testing was positive. Straight leg raising was positive and the claimant was noted to ambulate with a limp. Authorization for a two level transforaminal epidural injection and bilateral sacroiliac joint injections was requested. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In the treatment or therapeutic phase, the procedure should be repeated only as necessary and should be limited to a maximum of four times for local anesthetic and steroid blocks over a period of one year. Criteria for a repeat sacroiliac joint injection include greater than 70% pain relief for 6 weeks from previous injections. In this case, the claimant has

undergone a prior sacroiliac joint injection with unknown degree or duration of pain relief. The above criteria are not met and the requested sacroiliac joint injection is not medically necessary.