

Case Number:	CM15-0123834		
Date Assigned:	07/08/2015	Date of Injury:	10/26/2011
Decision Date:	08/05/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/26/2015

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 38 year old female, who sustained an industrial injury, October 26, 2011. The injury was sustained when the injured worker's left foot was run over by an electric wheelchair and twisted then injured worker's body to the left. The injured worker started to experience pain on the entire left side of the body. The injured worker previously received the following treatments modified work, 24 sessions of physical therapy, 24 sessions of chiropractic services, left foot MRI, lumbar spine MRI, 24 sessions acupuncture treatments with limited improvement, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities which showed lumbosacral radiculopathy at L5 and S1 worse on the left, left ankle MRI, Tramadol, lumbar spine x-rays, bilateral feet x-rays, Soma, Norco, gabapentin and Prilosec. The injured worker was diagnosed with left foot crush injury, degenerative disc disease at L5 with radiculopathy, left foot impingement syndrome, lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculopathy of the bilateral lower extremities, sacroilitis of the left sacroiliac joint and chronic pain. According to progress note of June 16, 2015, the injured worker's chief complaint lumbar spine pain. The injured worker rated the pain at 6 out of 10. The left foot pain was rated at 6 out of 10. The injured worker had bilateral radicular pain and tingling. The injured worker was having increased pain over the left S1 joint. The physical exam noted the injured worker walked with an antalgic gait and stiffness. There was tenderness of the mid lumbar spine left and right. The straight leg raises were positive on the right and the left. The treatment plan included a left sacroiliac joint injection and bilateral transforaminal lumbar steroid injection at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Sacroiliac joint blocks.

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 requested Left Sacroiliac Joint Injection, is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, note criteria for such injections as "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." The injured worker has bilateral radicular pain and tingling. The injured worker was having increased pain over the left S1 joint. The physical exam noted the injured worker walked with an antalgic gait and stiffness. There was tenderness of the mid lumbar spine left and right. The straight leg raises were positive on the right and the left. The treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met, Left Sacroiliac Joint Injection is not medically necessary.

Bilateral transforaminal lumbar steroid injection at L4-L5 and 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 Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Bilateral transforaminal lumbar steroid injection at L4-L5 and L5-S1, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has bilateral radicular pain and tingling. The injured worker was having increased pain over the left S1 joint. The physical exam noted the injured worker walked with an antalgic gait and stiffness. There was tenderness of the mid lumbar spine left and right. The straight leg raises were positive on the right and the left. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive

imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Bilateral transforaminal lumbar steroid injection at L4-L5 and L5-S1 is not medically necessary.