MAXIMUS Federal Services

Case Number:	CM15-0173375		
Date Assigned:	09/15/2015	Date of Injury:	12/03/2013
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 35 year old female, who sustained an industrial injury on 12-3-13. The injured worker was diagnosed as having lumbar degenerative disc disease and mild to moderate facet arthrosis with joint effusion. The physical exam (2-23-15 through 7-6-15) revealed 7-8 out of 10 pain a negative straight leg raise test and intact sensory in the bilateral lower extremities. Treatment to date has included physical therapy, an L4-L5 epidural injection on 7-16-14, Mobic, Ibuprofen and Percocet. As of the PR2 dated 8-6-15, the injured worker reports ongoing low back pain radiating into the buttocks and right leg. She rates her pain 7 out of 10. Objective findings include a negative straight leg raise test, intact sensory in the bilateral lower extremities and a positive posterior thigh thrust on the right. The treating physician requested a right sacroiliac joint block with arthrogram x1 and a right L5 selective nerve root block x 1. The Utilization Review dated 8-26-15, non-certified the request for a right sacroiliac joint block with arthrogram x1 and a right L5 selective nerve root block x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint block with arthrogram x1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Arthrogram- http://www.ncbi.nlm.nih.gov/pubmed/7939978.

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, Sacroiliac injections.

Decision rationale: Per the ODG guidelines with regard to sacroiliac joint injections: Not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology). Consideration can be made if the injection is required for one of the generally recommended indications for sacroiliac fusion. See Sacroiliac fusion, also not recommended: Sacral lateral branch nerve blocks and/ or dorsal rami blocks in anticipation of sacroiliac radiofrequency neurotomy. See Diagnostic blocks in anticipation of SI neurotomy below. As the requested treatment is not recommended by the guidelines, and there is no compelling reason provided to support medical necessity, the request is not medically necessary.

Right L5 selective nerve root block x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections, diagnostic.

Decision rationale: Recommended in selected cases as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular pain. The role of these blocks has narrowed with the advent of MRIs. Few studies are available to evaluate diagnostic accuracy or post-surgery outcome based on the procedure and there is no gold standard for diagnosis. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. (Sasso, 2005) (Datta, 2013) (Beynon, 2013) Indications for diagnostic epidural steroid injections: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in

patients who have had previous spinal surgery. Per progress report dated 8/6/15, it was noted that sensation was intact in the bilateral lower extremities. Reflexes were 2+ in the bilateral ankles and knees. Motor strength was 5/5 on the left, and 5/5 on the right except 4/5 at ankle dorsiflexion and EHL. MRI of the lumbar spine dated 1/16/15 revealed no compression fracture, malalignment or other traumatic bony injury. Incidental note was made of mild desiccation of disc material at L4-L5. At no lumbar level was there evidence of posterior disc herniation, ligamentous thickening, or facet arthropathy causing neural impingement. The medical necessity of the request has not been sufficiently established by the documentation available. The request is not medically necessary.