

Case Number:	CM15-0175045		
Date Assigned:	09/16/2015	Date of Injury:	03/25/2013
Decision Date:	10/20/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48-year-old male who sustained an industrial injury on 3/25/13. Injury occurred when he was carrying a 50-pound piece of metal while ascending a ladder. He leaned forward to place the metal on top of a display booth and experience a sharp stabbing low back pain. Conservative treatment had included physical therapy, acupuncture, chiropractic, home exercise program, activity modification, and medications. There were no imaging reports provided in the medical records. The 4/22/15 medical legal report documented that the 12/23/14 MRI findings showed degenerative disc disease at L4/5 and L5/S1, minor broad-based disc protrusion at L4/5 and moderate central and right sided disc protrusion at L5/S1 with marked compression of the right lateral recess, slight left lateral recess narrowing, and mild neuroforaminal narrowing. X-rays findings on 5/6/14 documented spondylolisthesis with 5.3 mm of movement at L1/2 and 4.5 mm of movement at L2/3. The 1/9/15 to 6/11/15 primary treating physician reports documented on-going complaint of low back pain without a radicular component. Conservative treatment included activity modification and medications. The 7/6/15 treating physician report cited worsening lumbar spine pain with limited range of motion, and radiculopathy at the L4, L5, and S1 dermatomes. The injured worker also reported worsening pain in the bilateral sacroiliac (SI) joints. Physical exam documented normal gait, difficulty with heel and toe walk due to bilateral hip pain, level pelvis, and straightening of the lumbar lordosis. There was severe guarding to deep palpation of the lumbar region with severe myofascial pain. Palpation over the bilateral SI joints reproduced sharp shooting pain down the posterolateral thighs suggestive of a severely positive SI joint thrust test. Gaenslen's and Patrick Fabere's tests

were positive. Lumbar range of motion was globally restricted. Straight leg raise tests were severely positive. Lower extremity neurologic exam documented 5/5 strength, 2+ and symmetrical deep tendon reflexes, and intact sensation. The diagnosis was lumbar sprain/strain, paraspinal muscle spasms, disc herniations, lumbar radiculitis/radiculopathy of the lower extremities, and sacroiliitis of the bilateral SI joints. The injured worker had physical therapy, home exercise and acupuncture with limited improvement. Authorization was requested for a left transforaminal lumbar epidural steroid injections at L4/5 and L4/5 and bilateral SI joint injections. The 8/4/15 utilization review non-certified the request for left L4/5 and L5/S1 transforaminal lumbar epidural steroid injections as the injured worker had a clinical normal neurologic exam. The request for bilateral SI joint injections was non-certified as there was no evidence of SI joint specific therapy, and no clear history to suggest SI joint dysfunction.

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 L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Guideline criteria have not been fully met. This injured worker presents with persistent moderate to severe low back pain with a current report of lower extremity radiculopathy in the L4-S1 dermatomes. Records from 1/9/15 to 6/11/15 did not evidence radicular symptoms. The neurologic exam is normal and does not correlate with reported imaging evidence of nerve root compromise at the L5/S1 level. There is no imaging evidence of nerve root compromise at the L4/5 level. There are no electrodiagnostic study findings documented in the available records. Detailed evidence of a recent, comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Bilateral 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 (ODG), Chapter: Hip & Pelvis (Acute & Chronic), 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: Sacroiliac injections, therapeutic.

Decision rationale: The California MTUS guidelines do not provide recommendations for SI joint injections. The Official Disability Guidelines do not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Guidelines recommend SI joint injections on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Guideline criteria have not been met. This patient presents with bilateral buttocks pain radiating into the posterolateral thighs. There is clinical exam evidence of SI joint dysfunction. There is no imaging or radiographic evidence to support a diagnosis of inflammatory spondyloarthropathy (sacroiliitis). There is no evidence of recent reasonable and/or comprehensive non-operative treatment directed to the SI joints. Therefore, this request is not medically necessary at this time.