

Case Number:	CM15-0179387		
Date Assigned:	09/21/2015	Date of Injury:	08/01/2014
Decision Date:	10/27/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/11/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 58 year old female who sustained an industrial injury on 8-1-14. The injured worker was diagnosed as having lumbar degenerative disc disease; lumbar radiculopathy; right sacroiliitis; lumbar myofascitis. Treatment to date has included physical therapy; acupuncture; Toradol injections; lumbar epidural steroid injection (ESI) L5-S1 (5-19-15); and medications. Diagnostics studies included MRI lumbar spine (3-20-15). She is currently working full duty. The PR-2 note, dated 8-19-15, indicated the injured worker continued to complain of lower back pain with radiating pain going down into the right lower extremity. She had a lumbar epidural steroid injection (LESI) on 5-19-15 which provided 100% pain relief for ten days after which the pain started coming back. [NOTE: Prior documentation of pain levels were 2-9/10 [average 5/10] prior to the injection (4-15-15 initial pain management note), 3/10 on 5-27-15 and 5/10 on 6-24-15. In addition, there was no documentation indicating the LESI caused a reduction of pain medication or an increased activity of daily living (ADL).] The pain presently was getting worse, present mainly in the right lower back, right hip area with shooting pain going down into her right leg, sometimes to the level of the right knee and sometimes all the way down to the toes on the right side. The pain level at this visit was rated 8/10 and was intermittent. Sitting, lying down and certain positions aggravated the pain. Changing positions lessens the pain. On physical examination, the gait pattern was normal. Heel and toe ambulation cause no increase in back pain. The patient had pain to palpation over the paraspinal muscles at L3, L4, L5 and over the right SI joint. Range of motion was limited. Straight leg raise was positive on the right in sitting position at 45 degrees and there was a

positive FABER sign, positive thigh thrust, positive distraction sign. The treatment plan included a request for a second LESI and a SI joint injection: reasoning the provider gave included failure of conservative treatment (anti- inflammatories, physical therapy and acupuncture) and the lumbar MRI on 3-20-15 documented multilevel degenerative changes causing moderate central canal stenosis with moderate bilateral neural foraminal narrowing. A Request for Authorization for the second LESI was dated 9-11-15. A Utilization Review letter is dated 9-3-15 and non-certification was for Lumbar epidural steroid injection L5-S1 and Right SI joint injection. Utilization Review denied the requested treatment for not meeting the CA MTUS, ACOEM and ODG Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Physical Methods, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation American Society of Interventional Pain Physician: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: The best medical evidence today for individuals with low back pain indicates that having the patient return to normal activities provides the best outcomes. Therapy should be guided, therefore, with modalities that will allow this outcome. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendations are for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment modalities are required to rehabilitate the patient's functional capacity. The American Society of Interventional Pain Physicians (ASIPP) found limited evidence for accuracy of diagnostic nerve blocks but recommends diagnostic selective nerve root blocks in the lumbar spine in select patients with an equivocal diagnosis and involvement of multiple levels. Therapeutically, ASIPP noted good evidence for use of epidural steroid injections for managing disc herniation or radiculitis; fair evidence for axial or discogenic pain without disc herniation, radiculitis or facet joint pain with caudal and lumbar interlaminar epidural injections, and limited evidence with transforaminal epidural injections. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. For this patient there is good documentation on history and examination of the radicular nature of the patient's symptoms which is corroborated by MRI, and there is good evidence that the patient is unresponsive to conservative therapy. The patient had a prior lumbar epidural steroid injection (LESI) which did help relieve symptoms, 100% relief for 10 days and continued relief, albeit with some pain, for

2 months. In this situation a second LESI is recommended. At this point in the care of this patient medical necessity for this procedure has been established. The request is medically necessary.

Right SI joint injection: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation American Society of Interventional Pain Physicians: Comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations.

Decision rationale: There is limited research-based evidence or random controlled studies to endorse or disapprove use of corticosteroid injections for care of sacroiliac (SI) pain. According to ACOEM and American Society of Interventional Pain Physicians (ASIPP) guidelines, injection of these medications should be reserved for patients who do not improve with more conservative therapies. There is limited evidence for repeat or therapeutic SI injections. There is better research-based evidence to consider cooled radiofrequency neurotomy when considering more invasive sacroiliac treatments and the ASIPP recommends this procedure for therapeutic intervention after appropriate diagnosis is confirmed by a SI joint injection. This patient has SI joint pain by history and exam. Conservative treatment to date has not resolved the pain. Diagnosis has not been confirmed by a prior SI joint injection. As per the above guidelines a one-time injection of the SI joint would be appropriate to confirm that the pain is due to SI joint inflammation. Medical necessity for this procedure has been established. The request is medically necessary.