

<b>Case Number:</b>	CM15-0179448		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 45 year old male who sustained an industrial injury on 10-28-2008. The injured worker was diagnosed with lumbar spondylosis, sacroiliac arthropathy and lumbar facet arthropathy. The injured worker is status post L5-S1 microdiscectomy (no date documented). Several documents within the submitted medical records are difficult to decipher. According to the treating physician's progress report dated August 31, 2015, the injured worker continues to experience low back pain with noted 50% improvement for 6 weeks with latest epidural steroid injection. Examination demonstrated positive right sacroiliac tenderness, positive right L3-S1 facet tenderness with positive loading test, decreased motor strength and decreased sensation at the right L5 dermatome. Achilles deep tendon reflex was reduced at 1 out of 4. Prior treatments documented to date have included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) in February 2015, surgery, epidural steroid injections, physical therapy and medications. Current medications were listed as Tylenol #3 and Ibuprofen. Treatment plan consists of continuing with medications and the current request for L5-S1 interlaminar epidural steroid injection, L3-S1 facet injection, right SI joint injection and pre-operative medical clearance prior to injections. On 09-10-2015 the Utilization Review determined the request for L5-S1 interlaminar epidural steroid injection, L3-S1 facet injection, right SI joint injection and pre-operative medical clearance prior to injections was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 Interlaminar Epidural Steroid Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Sacroiliac injections, Low Back, Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series- of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per the medical records submitted for review, it is noted that the injured worker previously underwent epidural steroid injection which provided 50% relief for six weeks. However, there was no documentation of an associated reduction in medication usage. As the criterion has not been met, ESI is not medically necessary.

**Pre-op medical clearance to injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

**Decision rationale:** The MTUS and ODG guidelines are silent with regard to medical clearance. Medical clearance is not generally required prior to epidural steroid injection, furthermore, as the requested injections were not indicated, pre-operative medical clearance is not medically necessary.

### **L3-S1 Facet Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Injections, and Criteria for use of Therapeutic Intra-Articular and Medial Branch Blocks.

**Decision rationale:** The MTUS is silent on lumbar facet injections. With regard to facet injections, ODG states: "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement." Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Per progress report dated 8/31/15: Examination demonstrated positive right sacroiliac tenderness, positive right L3-S1 facet tenderness with positive loading test, decreased motor strength and decreased sensation at the right L5 dermatome. As there is evidence of radiculopathy, which is an exclusionary criterion, therefore, the request for facet injection is not medically necessary.

### **Right SI Joint Injections: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sacroiliac Joint Injections, and Diagnostic Blocks.

**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 for Right SI Joint Injection is not medically necessary.