

Case Number:	CM13-0026462		
Date Assigned:	11/22/2013	Date of Injury:	08/07/2013
Decision Date:	01/22/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 08/07/2013. The mechanism of injury is the patient sustained an injury in a fall. Treating diagnoses include right sacroiliac dysfunction, degenerative disc disease at L5-S1, facet syndrome at C3-C4 on the left, and cervical foraminal stenosis at C3-4. As on 06/28/2013, the patient was noted to have had a recent flare of symptoms while he was walking over irregular terrain. The patient's duties were to torch a fire break, and this worsened the patient's symptoms in his back as well as his neck. The treating provider recommended treatment with prednisone as well as some time off work. On 04/10/2013, the treating provider submitted an appeal regarding a left C3-C4 transforaminal injection as well as a sacroiliac injection. The treating provider notes that MRI and CT imaging show very significant stenosis in the C3 foramen on the left as well as a marginally enlarged facet. The treating provider notes given the patient's very significant relief of pain over multiple years including standing and working and stopping pain medications, that the treating provider feels that the patient has a likelihood of gaining 80% relief of pain for 6 months. He notes that the patient has been able to continue working as a fire captain with this treatment over the past. The provider also notes that the patient has a history of 2 injuries to the sacroiliac joint, one jumping off a burning building and the second a head-on crash while driving a trailer truck. The treating provider notes that both of these have caused very severe sacroiliac joint dysfunction or pain, and prior sacroiliac joint injections have allowed the patient the ability to stop narcotic medications and to receive pain relief. An initial physician review noted there was documentation that this patient has had extensive conservative treatment and no clear documentation of cervical radiculopathy clinically and no MRI or electrodiagnostic study to corroborate the diagn

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (ESI) at left C3-4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Neck and Upper Back, Epidural steroid injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Epidural Injections Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections, page 46, states, "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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year." This case is an outlier given the intensity of the patient's work as a firefighter and given the number of prior injuries and given the degree of the patient's of response to past treatment. Considering the date of injury literally and considering this injury as distinct from prior injuries, a prior reviewer is correct that there has not been a significant trial of conservative treatment nor specific imaging for this particular injury. However, the medical record outlines a patient with long-established cervical stenosis who has received past epidural injections with very substantial improvement, including return to full-duty work as a firefighter and eliminating the need for any opioid medications. The ultimate goal of any work injury treatment is to return a patient to work, and any treatment which can do this without opioid medications is particularly desirable. The reported history of a patient who repeatedly has been able to return to very heavy work as a firefighter without opioid medications for a prolonged period of months with epidural steroid injections does meet the intent of the guideline. Therefore, this request is medically necessary.

Bilateral sacroiliac joint block: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM Guidelines, Chapter 12 Low Back, page 300, states, "Invasive techniques are of questionable benefit...Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." Accepting the guidelines literally, the prior reviewer is correct in stating that the guidelines do not support an indication for a sacroiliac block. However, the guidelines do give room for discretion in outlier cases. This case is a substantial outlier of a patient who has a very heavy job as a firefighter who has a history of numerous injuries over the years and, most notably, a history of repeatedly returning back to heavy, full-duty work without opioid medications with the assistance of invasive pain

management. Such a return to work, particularly without opioid medications, is the underlying goal of essentially the entire California Work Injury Guideline. This case is particularly an outlier given the magnitude of the physical demands of this patient's work and the description of success with past invasive pain management. Therefore, it is appropriate in this case to utilize the physician judgment permitted in the guideline in this case. This request is medically necessary.