

Case Number:	CM13-0049891		
Date Assigned:	12/27/2013	Date of Injury:	01/10/1982
Decision Date:	03/10/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 62-year-old male who reported an injury on 05/30/2001. The patient is diagnosed with lumbar and cervical spondylosis and inflammatory radiculopathy, bilateral cervical and lumbar facet arthropathy, bilateral sacroiliac joint arthropathy, bilateral piriformis myopathy, myofascial pain syndrome, failed back syndrome, and chronic low back pain. The patient was seen by [REDACTED] on 10/18/2013. Physical examination revealed decreased sensation to light touch in bilateral C5 and L5 dermatomes, 3/4 deep tendon reflexes bilaterally, tenderness to palpation, bilateral sacroiliac joint tenderness, bilateral L4 to S1 facet joint tenderness, positive facet loading maneuver, positive pelvic rock testing, positive Faber testing, positive straight leg raising bilaterally, positive axial loading testing, positive piriformis tenderness, multiple myofascial trigger points, and joint tenderness in selected small and large joints. Treatment recommendations included L1-2 and L4-5 translaminar epidural steroid injection, bilateral L4 to S1 facet joint injections, bilateral sacroiliac joint injections, bilateral piriformis injections, 6 low back trigger point injections, bilateral hip injections with steroids, and a ganglion impar block.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-2, L4-5 translaminar epidural steroid injection (ESI) with epidurogram: Upheld

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

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the patient does demonstrate diminished sensation in the L5 dermatome, as well as positive straight leg raising bilaterally. However, there were no previous imaging studies provided for review to corroborate a diagnosis of radiculopathy. The patient has undergone a subsequent MRI of the lumbar spine on 11/07/2013, which revealed no significant neural foraminal stenosis at L1-2. Additionally, there is no evidence of a recent failure to respond to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. There is no evidence of this patient's active participation in a functional rehabilitation program to be used in conjunction with the injection therapy. Based on the clinical information received, the request for two (2) L1-L2, L4-L5 translaminar epidural steroid injections with epidurogram is non-certified

bilateral L4-S1 facet joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs, and symptoms. Facet joint injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. As per the documentation submitted, the patient does demonstrated decreased sensation in the L5 dermatome as well as positive straight leg raising. The patient does maintain a diagnosis of lumbar radiculopathy. There was no documentation of a recent failure to respond to conservative treatment including home exercise, physical therapy, and NSAIDs. Additionally, repeat blocks are based on objective measurable improvement and a decrease in pain level. Therefore, the request for 5 bilateral L4-S1 facet joint injections exceeds Guideline recommendations. As such, the request for five (5) bilateral L4-S1 facet joint injections is non-certified.

bilateral sacroiliac joint injection with arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter, Sacroiliac Joint Blocks

Decision rationale: The Official Disability Guidelines state criteria for the use of sacroiliac blocks include a history and physical suggestive of the diagnosis with at least 3 positive examination findings. As per the documentation submitted, the patient does not demonstrate 3 positive examination findings. There is also no evidence of a failure to respond to at least 4 to 6 weeks of recent conservative therapy including physical therapy, home exercise, and medication management. Therefore, the request for two (2) bilateral sacroiliac joint injections with arthrogram is non-certified.

series of four bilateral piriformis injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter, Piriformis Injections

Decision rationale: The Official Disability Guidelines state piriformis injections are recommended for piriformis syndrome after a 1-month physical therapy trial. As per the documentation submitted, there is no evidence of a recent failure to respond to conservative treatment including a 1-month physical therapy trial. Additionally, the request for 4 bilateral piriformis injections cannot be determined as medically appropriate, as the patient's response to the initial injections would require assessment. Based on the clinical information received and the Official Disability Guidelines, the request for four (4) bilateral piriformis injections for each muscle is non-certified.

series of six low back trigger point injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There was no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. There was also no documentation of a failure to respond to recent conservative treatment including stretching exercises, physical therapy, NSAIDs, and muscle relaxants. Additionally, the California MTUS Guidelines state not more than 3 to 4 injections are recommended per session. Therefore, the request for 6 low back trigger point injections exceeds Guideline recommendations. Therefore, the request for six (6) low back trigger point injections is non-certified.

series of two bilateral hip steroid injections with arthrograms: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter, Intra-Articular steroid hip injections

Decision rationale: The Official Disability Guidelines state intra-articular steroid hip injections are not recommended in early hip osteoarthritis. They are currently under study for moderately advanced and severe hip osteoarthritis and should be used in conjunction with fluoroscopic guidance. As per the documentation submitted, the patient does not maintain a diagnosis of hip osteoarthritis. Therefore, the patient does not meet criteria for the requested procedure. Additionally, the request for 2 bilateral hip injections cannot be determined as medically appropriate, as the patient's response to the initial injections would need followup assessment. Based on the clinical information received, the request for two (2) bilateral HIP injections with steroids with arthrograms is non-certified.

ganglion impar block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 108.

Decision rationale: The California MTUS Guidelines state stellate ganglion blocks are generally limited to diagnosis and therapy of CRPS. As per the documentation submitted, the patient does not maintain a diagnosis of CRPS. There is no documentation of a recent failure to respond to conservative treatment prior to the request for the procedure. Additionally, there is no evidence of this patient's active participation in a functional rehabilitation program to be used in conjunction with the injection therapy. Based on the clinical information received, the request for one (1) ganglion impar block is non-certified.