

Case Number:	CM14-0127709		
Date Assigned:	08/15/2014	Date of Injury:	02/07/2012
Decision Date:	09/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 48-year-old female with date of injury of 02/07/2012. The listed diagnoses per [REDACTED] dated 09/12/2013 are: 1. History of working in a non-ergonomic work situation with exacerbation of lumbar musculoligamentous sprain and strain. 2. Bilateral radiculopathy extending to lower extremities. 3. Bilateral sacroiliac joint sprain. 4. Flareup of previously existing acid peptic disease secondary to use of nonsteroidal antiinflammatory drugs. 5. Irritable bowel syndrome and chronic constipation with flareup secondary to the use of narcotic-containing analgesics. 6. History of diverticular disease, either diverticulitis or diverticulosis. 7. History of migraine headaches. 8. History of allergic rhinitis. 9. S/P shoulder arthroscopy 2001 on the right. 10. S/P left shoulder arthroscopy from 2004. 11. History of carpal tunnel release, 2004. 12. History of second carpal tunnel release on opposite arm, 2005 or 2006. 13. S/P cholecystectomy. 14. S/P bilateral rhizotomy of the lumbar spine from 09/27/2013. According to the QME dated 01/30/2014, there are no changes in her general medical health. The patient underwent a bilateral rhizotomy performed by [REDACTED] for the lumbar spine on 09/27/2013. The patient states that following the rhizotomy, she had full relief of pain for approximately 2 months. She states that the pain has gradually been returning. At this point, she is experiencing constant mild to moderate pain which can become severe at times. The patient describes radiating pain extending down to the left foot. She reports numbness and tingling in the left foot and toes and over the lateral aspect of the left foot. She describes spasms in the left thigh. The physical exam shows, the patient is able to ambulate without evidence of a limp. There are no paravertebral muscle spasms or tenderness palpable in the thoracic spine. There is tenderness over the paravertebral musculature

with spasms bilaterally in the lumbar spine. Motor strength is intact for heel and toe walking as well as quadriceps strength bilaterally. Reflexes are 2+ for patella and Achilles bilaterally. Sensory examination shows decreased sensation to the left calf and over the left lateral foot. Straight leg raise test is positive at 60 degrees producing pain in the lumbar spine bilaterally. The utilization review denied the request on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI Joint (Sacroiliac Joint) Rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, LOW BACK, CRITERIA FOR USE OF FACET JOINT RADIOFREQUENCY NEUROTOMY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding RF ablation of SI joints: Not recommended. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes (Ferrante, 2001); (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy (Yin, W 2003); (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches) (Cohen, 2005); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. (Vallejo, 2006) This latter study applied the technique to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of 20 $\hat{\pm}$ 5.7 weeks. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. (Hansen, 2007) See also Intra-articular steroid hip injection; & Sacroiliac joint blocks. Recent research: A small RCT concluded that there was preliminary evidence that S1-S3 lateral branch radiofrequency denervation may provide intermediate-term pain relief and functional benefit in selected patients with suspected sacroiliac joint pain. One, 3, and 6 months after the procedure, 11 (79%), 9 (64%), and 8 (57%) radiofrequency-treated patients experienced pain relief of 50% or greater and significant functional improvement. In contrast, only 2 patients (14%) in the placebo group experienced significant improvement at their 1-month follow-up, and none experienced benefit 3 months after the procedure. However, one year after treatment, only 2 patients (14%) in the treatment group continued to demonstrate persistent pain relief. Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. (Cohen, 2008).

Decision rationale: This patient presents with lumbar spine pain. The patient is status post bilateral lumbar rhizotomy from 09/27/2013. The MTUS and ACOEM Guidelines do not

address this request, however, ODG Guidelines on RF ablation of SI joint states that it is not recommended. Other multiple techniques are currently described including: bipolar system using radiofrequency probes; sensory stimulation-guided sacral lateral branch radiofrequency neurotomy; lateral branch blocks; and pulse radiofrequency denervation. In this case, ODG does not recommend the use of RF ablation for the treatment of SI joint. Recommendation is for not medically necessary.

Left Piriformis Botox Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG ODG guidelines on Piriformis muscle injection: Recommended for piriformis syndrome after a one-month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6-8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to a compression of the sciatic nerve by the piriformis muscle (behind the hip joint). Piriformis syndrome is primarily caused by fall injury, but other causes are possible, including pyomyositis, dystonia musculorum deformans, and fibrosis after deep injections. Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurologic signs. Pain is exacerbated in prolonged sitting. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip. Imaging modalities are rarely helpful, but electrophysiologic studies should confirm the diagnosis, if not immediately, then certainly in a patient re-evaluation and as such should be sought persistently. Physical therapy aims at stretching the muscle and reducing the vicious cycle of pain and spasm. It is a mainstay of conservative treatment, usually enhanced by local injections. Surgery should be reserved as a last resort in case of failure of all conservative modalities. No consensus exists on overall treatment of piriformis syndrome due to lack of objective clinical trials. Conservative treatment (eg, stretching, manual techniques, injections, activity modifications, modalities like heat or ultrasound, natural healing) is successful in most cases. For conservative measures to be effective, the patient must be educated with an aggressive home-based stretching program to maintain piriformis muscle flexibility. He or she must comply with the program even beyond the point of discontinuation of formal medical treatment. Injection therapy can be incorporated if the situation is refractory to the aforementioned treatment program. Injections with steroids, local anesthetics, and botulinum toxin have been reported in the literature for management of this condition, but no single technique is universally accepted. Localization techniques include manual localization of muscle with fluoroscopic and electromyographic guidance, or ultrasound. The piriformis muscle, after localization with a digital rectal examination, can be injected with a spinal needle. Care should be taken to avoid direct injection of the sciatic nerve. (Papadopoulos, 2004) (Kuncewicz, 2006) (Huerto, 2007) See also Psoas blocks.

Decision rationale: This patient presents with lumbar spine pain. The patient is status post bilateral lumbar rhizotomy from 09/27/2013. The provider is requesting a left piriformis Botox injection. The MTUS Guidelines page 25 and 26 do not support the use of botox injections for chronic pain disorders such as chronic neck pain, myofascial pain, and trigger point injections.

ODG guidelines on Piriformis muscle botox injection states, "Injection therapy can be incorporated if the situation is refractory to the aforementioned treatment program. Injections with steroids, local anesthetics, and botulinum toxin have been reported in the literature for management of this condition, but no single technique is universally accepted." In this case, the patient has not had a successful response to piriformis muscle injection with a local anesthetic to consider botox injection. More importantly, there is lack of evidence for piriformis syndrome. Examination findings do not document FADIR finding, no tenderness over the sciatic notch and most importantly, the patient does not present with buttock pain, but rather has generalized bilateral low back pain for which the patient received bilateral RF ablation in the recent past. Recommendation is for not medically necessary.

Hot / Cold Unit x 30 Days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding hot/cold treatments: (L-spine chapter)Recommended as an option for acute pain. At-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. (Bigos, 1999) (Airaksinen, 2003) (Bleakley, 2004) (Hubbard, 2004) Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. (Nadler 2003) The evidence for the application of cold treatment to low-back pain is more limited than heat therapy, with only three poor quality studies located that support its use, but studies confirm that it may be a low risk low cost option. (French-Cochrane, 2006) There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. (Kinkade, 2007) See also Heat therapy; Biofreeze® cryotherapy gel.

Decision rationale: This patient presents with lumbar spine pain. The patient is status post bilateral lumbar rhizotomy from 09/27/2013. The provider is requesting hot and cold unit for 30 days. The MTUS and ACOEM Guidelines are silent with regards to this request, however, ODG Guidelines recommends at home local application of cold packs in the first few days of acute symptoms thereafter application of heat packs. ODG further states that mechanical circulating units with pumps have not been proven to be more effective than passive hot/cold therapy. In this case, continuous-flow cryotherapy is something that is used for postoperative inflammation and pain for the shoulders and knees, which this patient does not present with. Recommendation is for not medically necessary.