

Case Number:	CM14-0170905		
Date Assigned:	10/23/2014	Date of Injury:	08/11/2003
Decision Date:	11/21/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/16/2014

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 Pain Medicine 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 injured worker is a 53-year-old male who sustained an injury on 8/11/03. As per the report of 9/22/14, he complained of lower back pain and hip girdle pain symptoms, mostly on the right side with more pain across the lumbosacral junction area and down into the hip on the right side, limiting his function and activities. Pain was rated as 5/10. Cervical spine exam revealed mild tenderness across the cervical and upper thoracic area with tenderness of trigger points of the trapezius muscles. On thoracolumbar spine exam, he was moving reasonably well. There was some increased limitation in lateral bending and rotation to the right side compared to his previous exam. There was pain with extension rotation and consistent with facet loading. The patient had right hip replacement, and shoulder surgeries; the right shoulder has been operated 3 times. Right lower extremity exam showed well-healed incision around the hip area. He was quite tender over the trochanteric bursa area as well as along the iliotibial band. Current medications include Opana ER, Percocet, and baclofen. On 3/18/14, he had bilateral L5-S1 intra-articular facet injections and right hip injections which helped him. The hip injection provided more than 3 months of pain relief. He also had injections on 7/3/14 and 10/7/14 with pre-procedural pain level of 4/10 and post-procedural pain level of 0/10. Pain medications are working less effectively in terms of reducing pain. Diagnosis include chronic axial low back pain, status post L4-L5 decompression and foraminotomy, status post total hip arthroplasty, hearing loss, and trochanteric bursitis. The request for left facet injection and right facet injection and right hip injection was denied on 10/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation 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) Lumbar facet injection

Decision rationale: According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway : There should be no evidence of radicular pain, spinal stenosis, or previous fusion, 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), When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the request does not specify the lumbar facet levels. There is no documentation of amount of pain relief with prior injections. Furthermore, the recommendation is to proceed to medial branch block after previous successful facet block. There is no imaging evidence of lumbar facet arthritis. There is no documentation of a formal plan of rehabilitation. The injured worker does not meet the above criteria. Therefore, the request is not medically necessary according to the guidelines and due to lack of documentation.

Right facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation 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 injection.

Decision rationale: According to the ODG, facet joint therapeutic steroid injections are not recommended. The criteria for use of therapeutic intra-articular and medial branch blocks if used anyway : There should be no evidence of radicular pain, spinal stenosis, or previous fusion, 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), When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. In this case, the request does not specify the lumbar facet levels. There is no documentation of amount of pain relief with prior injections. Furthermore, the

recommendation is to proceed to medial branch block after previous successful facet block. There is no imaging evidence of lumbar facet arthritis. There is no documentation of a formal plan of rehabilitation. The injured worker does not meet the above criteria. Therefore, the request is not medically necessary according to the guidelines and due to lack of documentation.

Right hip injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis

Decision rationale: Per ODG, intra-articular hip steroid injection is not recommended in early hip arthritis. It is under study for moderately advanced or severe hip osteoarthritis. If used, it should be in conjunction with fluoroscopic guidance. In this case, the indication and rationale for hip injection has not been specified since there is no documentation of severe OA and the injured worker has had right hip replacement. Therefore, the request is considered not medically necessary in accordance to guidelines and based on the submitted records.