

<b>Case Number:</b>	CM14-0172412		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 41-year-old female with a 1/15/10 date of injury. According to a pain management report dated 8/14/14, the patient presented with low back pain, limited range of motion of the lumbar spine with tingling and numbness to both legs. He rated his pain at a 9/10 most of the time specifically sitting on hard surfaces with radiation to the thigh. He further stated worsening pain over right buttock radiating to posterior and lateral aspect of right thigh with numbness and tingling progressively increasing in severity. Objective findings: weakness along with tingling and numbness in both legs is progressive and worsening, severe sacroiliac inflammation with signs and symptoms of radiculitis/radiculopathy to the posterior and lateral aspect of thigh, Gaenslen's test and Patrick Fabre tests were positive, sacroiliac joint thrust severely positive. Diagnostic impression: lumbar musculoligamentous injury, lumbar paraspinal muscle spasm, lumbar disc herniation, lumbar radiculitis/radiculopathy of lower extremities, sacroiliitis of right sacroiliac joint, fibromyalgia, chronic lumbar pain. Treatment to date: medication management, activity modification, sacroiliac joint injection. A UR decision dated 9/19/14 denied the requests for left and right transforaminal lumbar ESI at L3-4, L4-5, P-Stim, and 1st right SI joint injection. Regarding bilateral lumbar ESI, a neurological examination is not documented and a physical examination with evidence of radiculopathy is a necessary CA MTUS criterion for ESIs. Furthermore, no imaging reports, electrodiagnostic reports, or documentation of failed conservative therapies has been submitted for review. Regarding P-stim, P-stim is a device for electrical auricular acupuncture that does not constitute peripheral neurostimulation. ODG guidelines recommend against auricular electroacupuncture. Regarding 1st right SI joint injection, the patient has no documented trial of conservative therapies. ODG guidelines also require that other pain generators be ruled out prior to SI joint injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left transforaminal lumbar epidural steroid injection at L3-4 , L4-5 under fluoroscopy guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Low Back Complaints; Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

**Decision rationale:** CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the reports reviewed, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. There is also no documentation of any recent diagnostic studies or imaging studies that would corroborate the medical necessity for the requested service. In addition, there was no documentation of objective findings of radiculopathy on physical exam. Therefore, the request for Left transforaminal lumbar epidural steroid injection at L3-4, L4-5 under fluoroscopy guidance was not medically necessary.

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studies that would corroborate the medical necessity for the requested service. In addition, there was no documentation of objective findings of radiculopathy on physical exam. Therefore, the request for Right transforaminal lumbar epidural steroid injection at L3-4, L4-5 under fluoroscopy guidance was not medically necessary.

**P-Stim:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain/Auricular electroacupuncture

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Auricular Electroacupuncture

**Decision rationale:** CA MTUS does not address this issue. According to ODG, auricular electroacupuncture is not recommended. Auricular electrostimulation or ear-acupuncture is a type of ambulatory electrical stimulation of acupuncture points on the ear. Devices, including the P-Stim and E-pulse, have been developed to provide continuous or intermittent stimulation over a period of several days. The evidence is insufficient to evaluate the effect of auricular electroacupuncture on acute and chronic pain. In the only published RCT (randomized controlled trial), use of the P-Stim device was not associated with improved pain management. A specific rationale identifying why the P-stim device would be required in this patient despite lack of guideline support was not provided. Therefore, the request for P-stim was not medically necessary.

**1st right S1 joint injection under fluoroscopy guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac joint injections. Other Medical Treatment Guideline or Medical Evidence: Joint Bone Spine. 2006 Jan;73(1):17-23. : Hansen HC, et. al. Sacroiliac joint interventions: a systematic review. Pain Physician. 2007 Jan;10(1):165-84. Review.: Rupert MP, et. al. Evaluation of sacroiliac joint interventions: a systematic appraisal of the literature. Pain Physician. 2009 Mar-Apr;12(2):399-418

**Decision rationale:** CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). However, in the present case, there is a lack of documentation indicating that the employee has tried and failed at least 4 to 6 weeks of aggressive conservative therapy such as physical therapy,

home exercise, and medication management. Therefore, the request for 1st right S1 joint injection under fluoroscopy guidance was not medically necessary.