

Case Number:	CM14-0044639		
Date Assigned:	07/02/2014	Date of Injury:	12/27/2011
Decision Date:	08/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/11/2014

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 and Pain Management and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 12/27/2011 due to a slip and fall. The injured worker has diagnoses of lumbar spine degenerative disc disease, left hip femoral neck fracture, unspecified anxiety, cervical spine disc degeneration, sacroiliac joint inflammation, and left knee Chondromalacia of the patella. The injured worker's past medical treatment consists of acupuncture, the use of a TENS unit, physical therapy and medication therapy. The injured worker underwent an EMG/NCV of the bilateral lower extremities. The injured worker had a CT of the lumbar spine without contrast on 11/08/2013. Findings revealed that there was a mild broad disc protrusion and mild facet degenerative hypertrophy at the L4-5. This caused mild canal stenosis, mild right foraminal stenosis, and moderate left foraminal stenosis. It also revealed that the L5-S1 had mild to moderate facet degenerative hypertrophy. There was no canal stenosis. There were also signs of mild bilateral foraminal stenosis. The injured worker underwent left hip total replacement surgery; however, it was not documented when this surgery took place. The injured worker complained of lumbar spine pain that radiated to the left buttocks and lateral thigh. The injured worker stated that the pain level varied throughout the day, but rated it about a 6 on a scale of 1 to 10. Physical examination dated 03/11/2014 revealed hip flexion on the left was 80 degrees, extension 20 degrees, abduction 20 degrees, adduction 10 degrees, internal rotation 20 degrees, and external rotation was 30 degrees. Medications include flurbiprofen, tramadol, gabapentin, amitriptyline, dexamethorphan, lidocaine, calcium, and Norco 5/325 mg. The treatment plan for the injured worker consists of a course of physical therapy with a registered physical therapist at a frequency of 2 times a week for the next 5 weeks for left hip and lumbar spine with emphasis on stretching and strengthening, lumbar epidural steroid injection at L5-S1 in an outpatient setting, spinal nerve root block injection at the left L5 and S1 in an outpatient setting, left sacroiliac joint injection in an

outpatient setting, and the use of durable medical equipment in the form of a TENS unit for the lumbar spine. The rationale for the requested injections is to help manage the pain levels of the injured worker. The request for authorization form was submitted on 02/25/2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral spine epidural steroid injection, L5-S1 segment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

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

Decision rationale: The request Lumbosacral spine epidural steroid injection, L5-S1 segment is non-certified. The injured worker complained of lumbar spine pain that radiated to the left buttocks and lateral thigh. The injured worker stated that the pain level varied throughout the day, but rated it about a 6 on a scale of 1 to 10. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Criteria for the use of ESIs are radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing and should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker showed no evidence of having radiculopathy as there were no neurological deficits documented or corroboration by imaging. The CT scan obtained on 11/08/2013 revealed that there were no disc protrusions. There was mild to moderate facet degenerative hypertrophy. There was no canal stenosis. There was also mild bilateral foraminal stenosis but there were no signs of radiculopathy. There was also a lack of documentation showing whether the injured worker was initially unresponsive to conservative care. As such, the request Lumbosacral spine epidural steroid injection, L5-S1 segment is not medically necessary.

Left sacroiliac joint injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, hip chapter.

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

Decision rationale: The request for Left sacroiliac joint injection is non-certified. The injured worker complained of lumbar spine pain that radiated to the left buttocks and lateral thigh. The injured worker stated that the pain level varied throughout the day, but rated it about a 6 on a

scale of 1 to 10. ODG guidelines recommend sacroiliac joint blocks as an option. Criteria for such blocks are include the history and physical should suggest the diagnosis, diagnostic evaluation must first address any other possible pain generators, the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The guidelines note, in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 70% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. There was also a lack of documentation showing whether the injured worker was initially unresponsive to conservative care such as physical therapy and NSAID therapy. Also, there was a lack of objective findings suggestive of sacroiliac dysfunction on examination. As such, the request for Left sacroiliac joint injection is not medically necessary.

Bilateral L5 nerve root injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 46.

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

Decision rationale: The request Bilateral L5 nerve root injection is non-certified. The injured worker complained of lumbar spine pain that radiated to the left buttocks and lateral thigh. The injured worker stated that the pain level varied throughout the day, but rated it about a 6 on a scale of 1 to 10. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Criteria for the use of ESIs includes radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing and should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Given the above, the injured worker is not within the MTUS Guidelines. The reported lacked any evidence of radiculopathy corroborated with diagnostic testing. The submitted report also lacked any quantified evidence of the injured worker having trialed and failed any conservative care therapy such as physical methods, NSAIDs, and muscle relaxants. As such, the request for Bilateral L5 nerve root injection is not medically necessary.