

<b>Case Number:</b>	CM14-0062934		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/20/2005
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of August 20, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; adjuvant medications; opioid therapy; epidural steroid injection therapy; earlier open reduction and internal fixation of a hip fracture; and a spinal cord stimulator trial. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a hip corticosteroid injection under fluoroscopic guidance, denied monitored anesthesia care, denied electrodiagnostic testing of the bilateral lower extremities, partially certified a request for physical therapy as a six-session course of the same, and approved one follow-up visit. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated October 22, 2013, the applicant presented with multifocal complaints, including headaches, blurred vision, dizziness, neck pain, shoulder pain, knee pain, and lower extremity paresthesias. The applicant was using a cane to move about, it was stated. The applicant was not working, it was acknowledged. 8/10 pain was reported. In a September 25, 2013 review of records, the applicant was described as having a history of prior epidural steroid injection therapy. The applicant had received a left hip intraarticular injection under intraoperative fluoroscopy on May 20, 2009, it was acknowledged, to ameliorate preprocedure diagnosis of left hip arthritis. The applicant had also undergone a hip corticosteroid injection on August 12, 2008, also under fluoroscopy, again for hip arthritis. On June 14, 2008, the applicant underwent a left-sided sacroiliac joint injection. Multiple epidural injections had transpired over the course of the claim, along with a variety of other procedures, including ilioinguinal nerve blocks. Electrodiagnostic testing of January 11, 2013 was notable for the absence of any lower extremity peripheral neuropathy but did reveal a left chronic L5 denervation suggestive of a left chronic L5

radiculopathy. On February 4, 2014, the applicant was asked to continue Soma, OxyContin, and Lyrica for pain relief while also employing Voltaren cream and a Medrol Dosepak. The applicant was asked to remain off of work, on total temporary disability, through May 12, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left hip injection with monitored anesthesia care and fluoroscopy guidance QTY: 1.00:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) intraarticular injections, Hip and Pelvis Chapter, Updated 03/25/14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 Hip and Groin General Principles of Treatment Allied Health Professionals Injections Recommendation: Intraarticular Glucocorticosteroid Injections for Hip Osteoarthritis Intraarticular glucocorticosteroid injections are moderately recommended for the treatment of hip osteoarthritis. Indications - Hip joint pain from osteoarthritis sufficient that control with NSAID(s), acetaminophen, weight loss and exercise is unsatisfactory. Frequency/Dose/Duration - An injection should be scheduled, rather than a series of 3. Medications used in the RCTs were triamcinolone hexacetonide 40mg or triamcinolone acetonide 80mg, or methylprednisolone 40mg or 80mg (see glucocorticosteroid injection table). Anesthetics have most often been bupivacaine or mepivacaine. Multiple doses have been utilized with no head-to-head comparisons in trials; however, a comparative clinical trial found greater efficacy for methylprednisolone 80mg over 40mg.(741)Indications for Discontinuation - A second glucocorticosteroid injection is not recommended if the first has resulted in significant reduction or resolution of symptoms. If there has not been a response to a first injection, there is less indication for a second. If the interventionalist believes the medication was not well placed and/or if the underlying condition is so severe that one steroid bolus could not be expected to adequately treat the condition, a second injection may be indicated (a second injection is particularly recommended to be performed under ultrasound or fluoroscopic guidance). In patients who respond with a pharmacologically appropriate several weeks of temporary, partial relief of pain, but who then have worsening pain and function and who are not (yet) interested in surgical intervention, a repeat steroid injection is an option. There are not believed to be benefits beyond approximately 3 of these injections in a year. Patients requesting a 4th injection should have reassessment of conservative management measures and be counseled for possible surgical intervention. Strength of Evidence Moderately Recommended, Evidence (B).

**Decision rationale:** While the Third Edition ACOEM Guidelines Hip and Groin Chapter does moderately recommend intraarticular glucocorticosteroid injections for the treatment of hip osteoarthritis, one of the diagnoses present here, ACOEM qualifies the recommendation by noting that there is "less indication" for a second injection in applicants who fail to respond favorably to a first injection. In this case, the applicant has, in fact, failed to respond favorably to first injection. The applicant is off of work, on total temporary disability. Significant pain

complaints persist. The applicant remains highly reliant and highly dependent on numerous forms of medical treatment, including various and sundry interventional spine procedures, opioid therapy, usage of muscle relaxants such as Soma, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite completion of at least two hip corticosteroid injections for hip arthritis. Therefore, the request is not medically necessary.

**Fluoroscopy guidance QTY: 1.00:** 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 Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 Hip and Groin General Principles of Treatment Allied Health Professionals Injections Recommendation: Intraarticular Glucocorticosteroid Injections for Hip Osteoarthritis Intraarticular glucocorticosteroid injections are moderately recommended for the treatment of hip osteoarthritis. Indications - Hip joint pain from osteoarthritis sufficient that control with NSAID(s), acetaminophen, weight loss and exercise is unsatisfactory. Frequency/Dose/Duration - An injection should be scheduled, rather than a series of 3. Medications used in the RCTs were triamcinolone hexacetonide 40mg or triamcinolone acetonide 80mg, or methylprednisolone 40mg or 80mg (see glucocorticosteroid injection table). Anesthetics have most often been bupivacaine or mepivacaine. Multiple doses have been utilized with no head-to-head comparisons in trials; however, a comparative clinical trial found greater efficacy for methylprednisolone 80mg over 40mg.(741) Indications for Discontinuation - A second glucocorticosteroid injection is not recommended if the first has resulted in significant reduction or resolution of symptoms. If there has not been a response to a first injection, there is less indication for a second. If the interventionalist believes the medication was not well placed and/or if the underlying condition is so severe that one steroid bolus could not be expected to adequately treat the condition, a second injection may be indicated (a second injection is particularly recommended to be performed under ultrasound or fluoroscopic guidance). In patients who respond with a pharmacologically appropriate several weeks of temporary, partial relief of pain, but who then have worsening pain and function and who are not (yet) interested in surgical intervention, a repeat steroid injection is an option. There are not believed to be benefits beyond approximately 3 of these injections in a year. Patients requesting a 4th injection should have reassessment of conservative management measures and be counseled for possible surgical intervention. Strength of Evidence Moderately Recommended, Evidence (B).

**Decision rationale:** Similarly, the request for fluoroscopic guidance is likewise not medically necessary, medically appropriate, or indicated here. This is a companion request, one which accompanies the primary request for a hip corticosteroid injection. Since that was deemed not medically necessary, the derivative or companion request for a fluoroscopic guidance is likewise not medically necessary.

**Monitored anesthesia care QTY:1.00:** 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 Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 Hip and Groin General Principles of Treatment Allied Health Professionals Injections Recommendation: Intraarticular Glucocorticosteroid Injections for Hip Osteoarthritis Intraarticular glucocorticosteroid injections are moderately recommended for the treatment of hip osteoarthritis. Indications - Hip joint pain from osteoarthritis sufficient that control with NSAID(s), acetaminophen, weight loss and exercise is unsatisfactory. Frequency/Dose/Duration - An injection should be scheduled, rather than a series of 3. Medications used in the RCTs were triamcinolone hexacetonide 40mg or triamcinolone acetonide 80mg, or methylprednisolone 40mg or 80mg (see glucocorticosteroid injection table). Anesthetics have most often been bupivacaine or mepivacaine. Multiple doses have been utilized with no head-to-head comparisons in trials; however, a comparative clinical trial found greater efficacy for methylprednisolone 80mg over 40mg.(741)Indications for Discontinuation - A second glucocorticosteroid injection is not recommended if the first has resulted in significant reduction or resolution of symptoms. If there has not been a response to a first injection, there is less indication for a second. If the interventionalist believes the medication was not well placed and/or if the underlying condition is so severe that one steroid bolus could not be expected to adequately treat the condition, a second injection may be indicated (a second injection is particularly recommended to be performed under ultrasound or fluoroscopic guidance). In patients who respond with a pharmacologically appropriate several weeks of temporary, partial relief of pain, but who then have worsening pain and function and who are not (yet) interested in surgical intervention, a repeat steroid injection is an option. There are not believed to be benefits beyond approximately 3 of these injections in a year. Patients requesting a 4th injection should have reassessment of conservative management measures and be counseled for possible surgical intervention. Strength of Evidence Moderately Recommended, Evidence (B).

**Decision rationale:** Similarly, the request for monitored anesthesia care (MAC) is likewise not medically necessary, medically appropriate, or indicated here. Again, this is a companion request, one which accompanies the request for the primary request for a hip corticosteroid injection. Since that request was deemed not medically necessary, the derivative or companion request for monitored anesthesia care (MAC) is likewise not medically necessary.

**EMG right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-8, PAGE 309.

**Decision rationale:** The EMG of the right lower extremity is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for a diagnosis of clinically obvious

radiculopathy is "not recommended." In this case, the applicant already has a clinically evident, electrodiagnostically confirmed lumbar radiculopathy. Earlier electrodiagnostic testing, referenced above, did establish a diagnosis of L5 radiculopathy. The applicant had undergone numerous epidural injections of the same. It is unclear what role repeat electrodiagnostic testing would serve as the diagnosis in question, lumbar radiculopathy, is already both clinically evident and electrodiagnostically confirmed. Therefore, the request is not medically necessary.

**EMG left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): TABLE 12-8, PAGE 309.

**Decision rationale:** The request for EMG testing of the left lower extremity is likewise not medically necessary, medically appropriate, or indicated here. Again, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that EMG testing for a diagnosis of clinically obvious radiculopathy is "not recommended." In this case, the applicant already has a clinically evident radiculopathy which has been previously electrodiagnostically confirmed. The applicant has received numerous epidural steroid injections for the same. It is unclear what role repeat testing would serve in this context. Therefore, the request is not medically necessary.

**NCS right lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): TABLE 14-6, PAGE 377.

**Decision rationale:** The request for nerve conduction testing of the right lower extremity is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy is "not recommended." In this case, the applicant has already had earlier electrodiagnostic testing which was negative for any lower extremity neuropathy. The applicant, conversely, already carries a diagnosis of clinically-evident, electrodiagnostically-confirmed lumbar radiculopathy. There is no clearly voiced suspicion of any entrapment neuropathy, tarsal tunnel syndrome, or generalized peripheral neuropathy of the lower extremities for which repeat NCS testing would be indicated. The applicant does not appear to carry systemic diagnoses such as diabetes which would predispose toward development of generalized peripheral neuropathy. Therefore, the request is not medically necessary.

**NCS left lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): TABLE 14-6, PAGE 377.

**Decision rationale:** The request for nerve conduction testing of the left lower extremity is likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy is "not recommended." In this case, the applicant's symptoms have been conclusively deemed the result of a lumbar radiculopathy, clinically-evident and electrodiagnostically-confirmed. There is no clearly voiced suspicion of lower extremity peripheral neuropathy, tarsal tunnel syndrome, entrapment neuropathy, diabetic neuropathy, etc., which would compel nerve conduction testing of the left lower extremity. Therefore, the request is not medically necessary.

**Physical Therapy QTY: 18.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

**Decision rationale:** The request for 18 sessions of physical therapy is likewise not medically necessary, medically appropriate, or indicated here. The 18-session course of treatment proposed, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. It is further noted that the applicant has had prior unspecified amounts of physical therapy over the life of the claim. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly reliant on various forms of medical treatment, including various and sundry injections, manipulative therapy, long-acting opioids such as OxyContin, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier unspecified amounts of physical therapy over the life of the claim. Therefore, the request is not medically necessary.