

Case Number:	CM14-0065169		
Date Assigned:	07/11/2014	Date of Injury:	04/06/2012
Decision Date:	09/17/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 51-year-old female who reported an injury on 04/06/2012, secondary to heavy lifting. The current diagnoses include cervical disc disease, cervical radiculopathy, left shoulder impingement syndrome, lumbar disc disease, lumbar facet syndrome, and left sacroiliac joint arthropathy. Previous conservative treatment includes medication management, physical therapy and epidural steroid injections. The injured worker was evaluated on 05/22/2014 with complaints of neck and low back pain rated 7/10. The current medication regimen includes Protonix, Flexeril, and Norco. Physical examination of the cervical spine revealed positive axial head compression testing, positive Spurling's maneuver, limited cervical range of motion, and decreased sensation in the C6-7 dermatomes on the left. The injured worker also demonstrated positive sacroiliac tenderness, positive Faber testing, positive sacroiliac thrust testing, positive Yeoman's testing, and positive Farfan's testing. Treatment recommendations at that time included an appeal request for a left C5-6 and C6-7 transfacet epidural steroid injection, a right sacroiliac joint injection, prescriptions for Norco and Celebrex, and consideration for a bilateral L4-S1 medial branch block. A Request for Authorization form was then submitted on 06/09/2014 for Norco and Celebrex 200 mg. A previous Request for Authorization form was submitted on 02/12/2014 for a second left C5-7 transfacet epidural steroid injection and reconsideration for a right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second left cervical transfacet epidural steroid injection C5-6 and C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections for treatment of radicular pain, with use in conjunction with active rehab efforts including a home exercise program. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. Therefore, the current request cannot be determined as medically appropriate in this case. There was no documentation of objective functional improvement following the initial cervical epidural injection. As such, the request is not medically necessary.

Celebrex 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state Celebrex is indicated for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. The injured worker does not maintain any of the above mentioned diagnoses. It is also noted that the injured worker has continuously utilized this medication since 01/2014 without any evidence of objective functional improvement. The California MTUS Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. As such, the request is not medically necessary.

Right 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.

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 Chapter, Sacroiliac Joint Block.

Decision rationale: The Official Disability Guidelines state prior to a sacroiliac joint block the history and physical should suggest a diagnosis with at least 3 positive examination findings. There should be evidence of a failure of at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. As per the

documentation submitted, the injured worker has failed conservative treatment in the form of physical therapy, chiropractic treatment, medication, rest, and home exercise. The injured worker's physical examination does reveal positive sacroiliac tenderness, positive Faber testing, positive sacroiliac thrust testing, and positive Yeoman's testing on the right. However, there is no documentation of positive cranial shear testing, positive extension testing, positive Flamingo testing, positive Fortin finger testing, positive Gaenslen's testing, positive pelvic compression or distraction testing, positive pelvic rock testing, positive sacroiliac shear testing, or positive standing/seated flexion testing. Without documentation of at least 3 positive physical examination findings, as described in the Official Disability Guidelines, the current request cannot be determined as medically appropriate in this case. As such, the request is not medically necessary.