

Case Number:	CM14-0071174		
Date Assigned:	07/14/2014	Date of Injury:	05/18/2011
Decision Date:	09/11/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/16/2014

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 Internal 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 48 year old male with date of injury of 5/18/2011. He suffered multiple traumatic injuries including cervical and lumbar spine, right shoulder, right elbow, right hip, and right knee with complaint of right hand locking as well. MRI performed in October of 2013 showed moderate degree of right-sided foraminal stenosis as the nerve root is exiting at the L4-L5 level off the right-hand side. Right hip MRI was normal. He underwent right knee arthroscopic medial meniscectomy and patellar chondroplasty with [REDACTED] on 2/7/2014 for medial and lateral meniscal tear and patellar chondromalacia. He was evaluated by [REDACTED] for non-surgical spine care and pain management on 6/17/2014. He is status post 6/5/2014 fluoroscopically guided diagnostic right L4-L5 and right L5-S1 medial branch block, which provided 70% relief of right axial low back pain 30 minutes after the procedure and lasting greater than 2 hours. The patient still reports right ilioinguinal and right hip pain. On physical exam he has tenderness upon palpation of the right lumbar paraspinal muscles overlying the right L4-L5 and right L5-S1 facet joint and right greater trochanter. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Lumbar discogenic provocative maneuvers were negative bilaterally. Sacroiliac provocative maneuver, Patrick's, was positive on the right. Nerve root tension signs were negative bilaterally. Sustained hip flexion was positive on the right and negative on the left. Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Clonus and Babinski's signs were absent bilaterally. Muscle strength is 5/5 in all limbs. He was diagnosed with positive diagnostic right L4-L5 and right L5-S1 medial branch block, right lumbar facet joint pain at L4-L5, L5-S1, lumbar facet joint arthropathy, lumbar degenerative disc disease, small right paracentral disc protrusion at L4-L5, grade 1 retro L3, chronic low back pain, right knee internal derangement, and status post right knee surgery. It was recommended to have a fluoroscopically

guided right L4-L5 and right L5-S1 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy). The patient has failed physical therapy, NSAID's, and conservative treatments. The patient subsequently saw [REDACTED] for follow up of his low back pain at [REDACTED] in [REDACTED] on 7/3/2014. The patient reported continued right lower extremity pain that started from his back and comes around to the lateral aspect of his right knee. On physical exam, he has a weak EHL muscle off to the right hand side. Overall only about 20% improvement from his right sided L4-L5 and L5-S1 facet injections. [REDACTED] recommendation at that time was for either an epidural injection on the right side of L4-L5 or consideration of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection under fluoroscopy lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (<http://www.odg-twc.com/odgtwc/hip.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 46.

Decision rationale: Based on MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for the treatment of radicular pain. Most current guidelines recommend no more than 2 ESIs. ESIs can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that ESIs may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of ESIs to treat radicular cervical pain. Criteria for the use of ESIs are: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than 2 nerve root levels should be injected using transformational blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, with a general recommendation of no more than 4 blocks per region per year. 8) Current research does not support a "series of three" injection in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESIs. In this case, the patient does appear to have radicular pain as documented on physical exam and MRI, and the patient has also failed conservative therapy as well. Therefore, based on

MTUS guidelines and review of the evidence in this case, the request for injection under fluoroscopy of the lumbar spine is medically necessary.

Hip injection under fluoroscopy right: 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), (<http://www.odg-twc.com/odgtwc/hip.htm>).

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 Chapter; Section: Intra-articular steroid hip injection.

Decision rationale: Based on ODG guidelines, hip injections are not recommended in early hip osteoarthritis. It is under study for advanced or severe hip osteoarthritis. It is recommended as an option for short term pain relief in hip trochanteric bursitis. Corticosteroid injections are effective for greater trochanteric pain syndrome managed in primary care, according to a recent RCT. In this case, the patient has not been diagnosed with trochanteric bursitis and his MRI was negative. Therefore, based on ODG criteria and review of the facts in this case, the request for right hip injection under fluoroscopy is not medically necessary.

CMP: 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: University of Maryland Rehabilitation and Orthopaedic Institute; Pain Management Center; Updated 2014.

Decision rationale: It is unclear why the request was made for a comprehensive metabolic panel. The MTUS/ODG guidelines do not comment on needing pre-procedure labs when it comes to having a fluoroscopically guided epidural steroid injection, or a right hip injection. The University of Maryland Rehabilitation and Orthopaedic Institute have indicated that no routine blood work is needed prior to an injection. If the patient is on blood thinners, then a PT/INR would be recommended prior to the injection. Sometimes, when the diagnosis of joint pain is unclear, then a full workup would be recommended which can include a comprehensive metabolic panel. However, in this case, the rationale is unclear, and therefore, the request for CMP is not medically necessary.

CBC: 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: University of Maryland Rehabilitation and Orthopaedic Institute; Pain Management Center; Updated 2014.

Decision rationale: It is unclear why the request for a CBC was made. The MTUS/ODG guidelines do not mention the need for this lab test prior to a fluoroscopically guided steroid injection. The University of Maryland Rehabilitation and Orthopaedic Institute have indicated that no routine blood work is recommended prior to injection. If the patient is on blood thinners, then a PT/INR prior to the injection would be recommended. Sometimes, when the diagnosis of joint pains is in question, a CBC is routinely ordered to further work up the problem. However, in this case, the rationale is unclear as to the need for a CBC, and therefore, is not medically necessary.