

Case Number:	CM14-0189592		
Date Assigned:	11/20/2014	Date of Injury:	06/15/2011
Decision Date:	01/08/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/13/2014

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 Interventional Spine 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 patient is a 56 year old male with an injury date of 06/15/11. Based on the 10/15/14 progress report provided by treating physician, the patient complains of neck and back pain rated 4/10 with medications, bilateral leg sciatica, and abdominal pain. Patient has slightly antalgic gait. Physical examination to the cervical spine revealed tenderness to palpation to the facet joints, and markedly painful range of motion, especially on extension and bilateral lateral bending. Examination to the sacroiliac joint revealed pain and tenderness to the left sacroiliac joint and left piriformis. Range of motion was painful on hip flexion, abduction, and external rotation. The physician indicates that medications help. Patient can perform some limited house and yard work, self-care, and is able to drive. Per physicians report dated 10/15/14, Urine drug screen performed routinely, and patient does not use illicit drugs. Oxycodone, Tizanidine and Opana were included in patient's prescriptions which were filled in progress reports dated 02/19/14 and 10/15/14. Per progress report dated 11/12/14 (post UR date of 10/30/14), patient's pain scale increased to 7/10, and the physician plans to discontinue Oxycodone and begin trial of Dilaudid. Patient is on permanent disability. Per physical therapy note dated 05/02/14, patient has had 9 visits. The physician also indicates in progress report dated 10/15/14 that patient "has findings on MRI scan including degenerative changes at the facet joints consistent with facet arthropathy and he has clinical findings on exam consistent with facet arthropathy with marked pain on extension and lateral bending. It is my feeling that he could benefit from medial branch blocks and if they are helpful, radiofrequency ablation to reduce much of the neck pain." Physician states in progress report dated 10/15/14 that patient's most tender spot in the back "is the left SI joint. He has tenderness diffusely and has pain with flexion and extension and most other things. His MRI scan shows L5-S1 issues. All of these I am not sure can be dealt with, as

they are not clear and I am sure contribute to his pain but certainly has a lot of SI joint pain and piriformis pain. I believe he would benefit greatly from diagnostic and perhaps therapeutic injection at the SI joint, trochanteric bursa and piriformis on the left side. If it is helpful, we can keep doing it every three months or so or less often as needed. I am doubtful he would progress to the SI joint fusion procedure. "MRI of the Lumbar Spine, per 10/15/14 progress report- L5-S1 degenerative disc disease and MRI of the Cervical Spine, per 10/15/14 progress report- minimal disc bulging at C4-5 and C5-6 and no impingement on the spinal cord - degenerative changes at the luschka and facet joints - neural foraminal encroachment, mild right at C3-4 and minimally bilaterally at C5-6. Diagnosis as of 02/19/14 includes lumbar radiculopathy, low back pain, lumbar facetal pain and bilateral sacroiliitis. Diagnosis as of 10/15/14 includes cervical pain/cervicalgia, lumbago, low back pain, abdominal pain generalized and encntr long-rx use NEC. The utilization review determination being challenged is dated 10/30/14. The rationale for Piriformis Injections was "the exam does not clearly demonstrate + provocative maneuvers regarding the piriformis muscle." The rationale for Trochanteric Muscle Injections was "the exam is not focal for trochanteric bursitis findings- no mention of an exam of the greater trochanter of the hip." Treatment reports were provided from 01/29/14 - 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Medial Branch Blocks to be done [REDACTED] : Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300-301.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 4th Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter states: Facet joint therapeutic steroid injections

Decision rationale: The patient presents with neck pain rated 4/10 with medications. Patient's diagnosis on 10/15/14 included cervical pain/cervicalgia. Physical examination to the cervical spine on 10/15/14 revealed tenderness to palpation to the facet joints, and markedly painful range of motion, especially on extension and bilateral lateral bending. Oxycodone, Tizanidine and Opana were included in patient's prescriptions which were filled in progress reports dated 02/19/14 and 10/15/14. Patient is on permanent disability. Per physical therapy note dated 05/02/14, patient has had 9 visits. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter states: "Facet joint therapeutic steroid injections: Not recommended. Medial branch blocks: This procedure is generally considered a diagnostic block. While not a recommended criterion for use of therapeutic intra-articular and medial branch blocks, if used anyway: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time. 4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy. 5. There should

be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy. 6. No more than one therapeutic intra-articular block is recommended."The physician states in progress report dated 10/15/14 that patient "has findings on MRI scan including degenerative changes at the facet joints consistent with facet arthropathy and he has clinical findings on exam consistent with facet arthropathy with marked pain on extension and lateral bending. It is my feeling that he could benefit from medial branch blocks and if they are helpful, radiofrequency ablation to reduce much of the neck pain." While the physician has documented that patient has a finding consistent with facet arthropathy, for which cervical medial branch blocks would be indicated, he has not documented the facet joint levels that would be blocked. A decision based on the guidelines cannot be made given lack of documentation. ODG does not support more than 2 levels of facet joint evaluation. Therefore request is not medically necessary.

Left Side Piriformis Injection: 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), Low Back, Piriformis

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 (Acute & Chronic) Chapter states: Piriformis injections

Decision rationale: The patient presents with back pain rated 4/10 with medications, and bilateral leg sciatica. Patient's diagnosis on 02/19/14 included lumbar radiculopathy, low back pain, lumbar facet pain, and bilateral sacroiliitis. Patient has slightly antalgic gait. Oxycodone, Tizanidine and Opana were included in patient's prescriptions which were filled in progress reports dated 02/19/14 and 10/15/14. Patient is on permanent disability. Per physical therapy note dated 05/02/14, patient has had 9 visits. ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter states: "Piriformis injections: Recommended for piriformis syndrome after a one-month physical therapy trial. Piriformis syndrome is a common cause of low back pain and accounts for 6-8% of patients presenting with buttock pain, which may variably be associated with sciatica, due to a compression of the sciatic nerve by the piriformis muscle (behind the hip joint)." UR letter dated 10/30/14 states "the exam does not clearly demonstrate + provocative maneuvers regarding the piriformis muscle." However, examination to the sacroiliac joint on 10/15/14 revealed pain and tenderness to the left sacroiliac joint and left piriformis. Range of motion was painful on hip flexion, abduction, and external rotation. The physician indicates in progress report dated 10/15/14 that patient's most tender spot in the back "is the left SI joint. He has tenderness diffusely and has pain with flexion and extension and most other things. His MRI scan shows L5-S1 issues. All of these I am not sure can be dealt with, as they are not clear and I am sure contribute to his pain but certainly has a lot of SI joint pain and piriformis pain. I believe he would benefit greatly from diagnostic and perhaps therapeutic injection at the SI joint, trochanteric bursa and piriformis on the left side. If it is helpful, we can keep doing it every three months or so or less often as needed. I am doubtful he would progress to the SI joint fusion procedure." The patient has had physical therapy, and there is no indication he has had prior piriformis injection. The request appears reasonable and patient may benefit from procedure. The request is medically necessary.

Left Side Trochanteric Bursa Injection: 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), Hip, Trochanteric Bursitis

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 (Acute & Chronic) Chapter states: Trochanteric bursitis injections

Decision rationale: The patient presents with back pain rated 4/10 with medications, and bilateral leg sciatica. Patient's diagnosis on 02/19/14 included lumbar radiculopathy, low back pain, lumbar facetal pain, and bilateral sacroiliitis. Patient has slightly antalgic gait. Oxycodone, Tizanidine and Opana were included in patient's prescriptions which were filled in progress reports dated 02/19/14 and 10/15/14. Patient is on permanent disability. Per physical therapy note dated 05/02/14, patient has had 9 visits. ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter states: "Trochanteric bursitis injections: Recommended. Gluteus medius tendinosis/tears and trochanteric bursitis/pain are symptoms that are often related, and commonly correspond with shoulder tendinosis and subacromial bursitis, though there is no evidence of a direct correlation between the hip and shoulder. All of these disorders are associated with hip pain and morbidity. (Cormier, 2006)... Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. Trochanteric corticosteroid injection is a simple, safe procedure that can be diagnostic as well as therapeutic. Use of a combined corticosteroid-anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. Particularly in older adults, corticosteroid injection should be considered as first-line treatment of trochanteric bursitis because it is safe, simple, and effective. UR letter dated 10/30/14 states "the exam is not focal for trochanteric bursitis findings- no mention of an exam of the greater trochanter of the hip." However, physical examination on 10/15/14 revealed pain and tenderness to the left sacroiliac joint and left piriformis, and range of motion was painful on hip flexion, abduction, and external rotation. The physician indicates in progress report dated 10/15/14 that patient's most tender spot in the back "is the left SI joint. He has tenderness diffusely and has pain with flexion and extension and most other things. His MRI scan shows L5-S1 issues. All of these I am not sure can be dealt with, as they are not clear and I am sure contribute to his pain but certainly has a lot of SI joint pain and piriformis pain. I believe he would benefit greatly from diagnostic and perhaps therapeutic injection at the SI joint, trochanteric bursa and piriformis on the left side. If it is helpful, we can keep doing it every three months or so or less often as needed. I am doubtful he would progress to the SI joint fusion procedure." The physician indicates in progress report dated 10/15/14 that patient's most tender spot in the back "is the left SI joint. He has tenderness diffusely and has pain with flexion and extension and most other things. His MRI scan shows L5-S1 issues. All of these I am not sure can be dealt with, as they are not clear and I am sure contribute to his pain but certainly has a lot of SI joint pain and piriformis pain. I believe he would benefit greatly from diagnostic and perhaps therapeutic injection at the SI joint, trochanteric bursa and piriformis on the left side. If it is helpful, we can keep doing it every three months or so or less often as needed. I am doubtful he would progress to the SI joint fusion procedure." The patient is 56 years old. Based on guidelines, the procedure

is simple, safe and effective, especially for older adults. There is no indication patient has had prior trochanteric bursa injection. The request is medically necessary.

Oxycodone - OxyIR 30mg tablet, 30 of 120 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function, 2nd Edition (2004), Chapter 6, page 116

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88-89, 78.

Decision rationale: The patient presents with neck and back pain rated 4/10 with medications, bilateral leg sciatica, and abdominal pain. Patient's diagnosis on 10/15/14 included cervical pain/cervicalgia, lumbago, low back pain, and abdominal pain generalized. The physician indicated that medications help. Patient can perform some limited house and yard work, self-care, and is able to drive. Per physicians report dated 10/15/14, Urine drug screen performed routinely, and patient does not use illicit drugs. Oxycodone, Tizanidine and Opana were included in patient's prescriptions which were filled in progress reports dated 02/19/14 and 10/15/14. Patient is on permanent disability. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The physician has not provided reason for the request. However, in regards to the 4A's, he has given examples of ADL's, and addressed aberrant behavior through UDS's and by mentioning that patient does not use illicit drugs. The physician has not discussed adverse side effects and most importantly, regarding analgesia, per progress report dated 11/12/14 (post UR date of 10/30/14), patient's pain scale increased to 7/10 from 4/10 in 10/15/14. Furthermore, per progress report dated 11/12/14 (post UR date of 10/30/14), the physician plans to discontinue Oxycodone and begin trial of Dilaudid. The request is not medically necessary.