

<b>Case Number:</b>	CM15-0004421		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	05/30/2004
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

### 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 37 year old female, who sustained an industrial injury on May 30, 2004. She has reported a low back injury. The diagnoses have included lumbar sprain/strain, paraspinal muscle spasm, disc herniation, and sacroiliitis. Treatment to date has included medications, 18 physical therapy sessions for the lumbar spine, lumbar epidural steroid injections, and 24 physical therapy sessions for the right shoulder, right shoulder surgery, transcutaneous electrical nerve stimulation, and lumbar spine surgery. Currently, the IW complains of back pain. A magnetic resonance imaging of the lumbar spine completed on September 12, 2012, reveals disc protrusion with nerve root involvement. On November 13, 2014, she is noted to have tenderness of the lumbar spine area, along with muscle spasm, stiffness of the right hip and knee, and degreased lumbar spine range of motion in all directions, and a positive Patrick Fabre test. On December 8, 2014, Utilization Review non-certified first ight transforaminal lumbar epidural steroid injection L5-S1 with catheter L3-L5 uner fluoroscopic guidance, and first right S1 join injection under fluoroscopic guidance, and right shoulder intraarticular injection, and compound medication Flurbiprofen 20% 180 grams, Capsaicin 1.025% in lipoderm base, Gabapentin 5% 180 grams, Ketoprofen 10%, Tamadol 5%, Cyclobenzaprine 2.5% in Lipderm base, based on MTUS, ACOEM, Chronic Pain Medical Treatment, and ODG guidelines. On January 8, 2015, the injured worker submitted an application for IMR for review of first ight transforaminal lumbar epidural steroid injection L5-S1 with catheter L3-L5 uner fluoroscopic guidance, and first right S1 join injection under fluoroscopic guidance, and right shoulder intraarticular injection, and compound medication Flurbiprofen 20% 180 grams, Capsaicin 1.025% in

lipoderm base, Gabapentin 5% 180 grams, Ketoprofen 10%, Tamadol 5%, Cyclobenzaprine 2.5% in Lipderm base.

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

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

#### **First Right Transforaminal Lumbar Epidural Steroid Injection L5-S1 With Catheter L3-To L5 Under Fluoroscopic Guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

**Decision rationale:** MTUS states that Epidural Steroid Injection (ESI) does not offer significant long-term functional benefit. The purpose of ESI is to reduce pain and inflammation, restoring range of motion and subsequently facilitating progress in more active treatment programs, and avoiding surgery. Repeat blocks should be performed based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks. The records provided do not show details regarding the injured worker's response to the previous epidural steroid injection. In addition, the injured worker's symptoms of persistent low back pain radiating to the right buttock, have remained unresponsive to other conservative treatment, including 18 Physical Therapy sessions and medications. The request for first right transforaminal lumbar epidural steroid injection L5-S1 with catheter L3-L5 under fluoroscopic guidance is not medically necessary.

#### **First Right SI Joint Injection Under Fluoroscopic Guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ODG (Hip and Pelvis Chapter)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 122. Decision based on Non-MTUS Citation , Injections Chapter, Corticosteroids (oral/parenteral/IM for low back pain)

**Decision rationale:** MTUS and ODG state that early treatment with Corticosteroid injection is most successful and that treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. The procedure may be recommended for chronic pain if conservative medical management including stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain and Radiculopathy is not present. Documentation provided indicates that the injured worker was prescribed 18 physical therapy sessions for the lumbar spine and 24 physical therapy sessions for the right shoulder. The injured worker complaints of low back pain radiating to the

right buttock. There is no documentation that the injured worker was prescribed physical therapy for the diagnosis of Sacroiliitis of the right sacroiliac joint. The request for first right S1 joint injection under fluoroscopic guidance is not medically necessary.

**Right Shoulder Intraarticular Injection: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Injections, Corticosteroids

**Decision rationale:** MTUS and ODG state that shoulder injections is intended to be prescribed as part of an exercise rehabilitation program and for short-term control of symptoms to resume conservative medical management. Guidelines indicate that articular injection is indicated for pain not controlled adequately by recommended conservative treatments, including physical therapy and exercise, NSAIDs or acetaminophen, lasting for at least 3 months. The injured worker has received 24 physical therapy sessions for the right shoulder and multiple pain medications, with no reported improvement. The requested right shoulder intraarticular injection is medically necessary.

**Compound Medications: Flurbiprofen 20% 180 G, Capsaicin 1.025% In Lipoderm Base, Gabapentin 5% 180gm, Ketoprofen 10%, Tamadol 5%, Cyclobenzaprine 2.5% In Lipoderm Base: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111- 113.

**Decision rationale:** MTUS guidelines state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder . Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and is recommended only as an option in patients who have failed or are intolerant to other treatments. There is no current indication that an increase over a 0.025% formulation would provide any further efficacy. There is no evidence for use of muscle relaxants as a topical product. The use of Gabapentin as a topical agent is not recommended. Tramadol is an opioid analgesic that is not recommended as a first-line oral analgesic. MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for compound medications Flurbiprofen 20% 180 grams, Capsaicin 1.025% in lipoderm base, Gabapentin 5% 180 grams, Ketoprofen 10%, Tamadol 5% and Cyclobenzaprine 2.5% in Lipoderm base is not medically necessary.