

<b>Case Number:</b>	CM15-0142301		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery

### 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 41 year old female, who sustained an industrial injury on July 17, 2012. She reported injury to her left ankle. The injured worker was diagnosed as having complex regional pain, left sacroiliac joint arthropathy, left groin myofascial pain syndrome, left buttock myofascial pain syndrome, displacement lumbar intervertebral disc, left ankle impingement and degeneration lumbar intervertebral disc. Treatment to date has included left stellate ganglion block, medications, spinal cord stimulator placement, diagnostic studies, cane, surgery and physical therapy. She reported approximately 60% relief lasting for one month after a stellate ganglion block. On June 11, 2015, the injured worker complained of severe left ankle bruising, swelling and pain. The pain was described as sharp, dull, aching, burning and stinging. Physical examination of the left ankle revealed swelling and tenderness. The treatment plan included physical therapy for the left foot, ankle brace, wrist brace, motorized scooter, referral to neurology for lower extremity EMG, heat application, medication and a follow-up visit. On July 20, 2015, Utilization Review non-certified the request for spinal cord stimulator lead revision times two, spinal cord stimulator generator revision, tendon ligament injection, the remaining stellate ganglion block times two, occipital nerve block times four, trigger points times four, sacroiliac joint injection (fluoroscopic guidance), major joint injection, right shoulder bursa steroid injection and right hip bursa steroid injection, citing California MTUS ACOEM, Official Disability Guidelines and other additional guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spinal cord stimulator lead revision x 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spine cord stimulation Page(s): s 106-107.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, pages 106-107 states that it is recommended only for selected patients when less invasive procedures have failed or are contraindicated for specific conditions and when there is a successful temporary trial. Those conditions are as stated below. Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), more helpful for lower extremity than low back pain, although both stand to benefit, 40-60% success rate 5 years after surgery. It works best for neuropathic pain. Neurostimulation is generally considered to be ineffective in treating nociceptive pain. The procedure should be employed with more caution in the cervical region than in the thoracic or lumbar. Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis). Post amputation pain (phantom limb pain), 68% success rate. Post herpetic neuralgia, 90% success rate. Spinal cord injury dysesthesias (pain in lower extremities associated with spinal cord injury). Pain associated with multiple sclerosis. peripheral vascular disease (insufficient blood flow to the lower extremity, causing pain and placing it at risk for amputation), 80% success at avoiding the need for amputation when the initial implant trial was successful. The data is also very strong for angina. In this case the exam note from 6/11/15 does not demonstrate attempts at unsuccessful programming attempts or evidence of lead migration. Therefore, the request is not medically necessary.

**Spinal cord stimulator generator revision: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulation Page(s): s 106-107.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Tendon/Ligament injection: 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 Trigger point injections Page(s): 122.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended." In this case, the exam notes from 6/11/15 demonstrate no evidence of myofascial pain syndrome or where on the body the tendon or ligament injection is to be performed. Therefore, the request is not medically necessary.

**Stellate ganglion block x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic and epidural blocks Page(s): 39-40.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, CPRS, Sympathetic and epidural blocks, pages 39-40, repeated blocks are only recommended if continued improvement is observed. In this case the exam note from 6/11/15 demonstrates only partial and short term relief of a prior stellate ganglion block. Therefore, the guidelines have not been met and the request is not medically necessary.

**Occipital nerve block x 4:** 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 Official Disability Guidelines (ODG) Head chapter, Greater occipital nerve block.

**Decision rationale:** According to the ODG Head Chapter, Greater occipital nerve block, "Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that GONB is not effective for treatment of chronic tension headache. As the guidelines do not recommend the block the request is not medically necessary.

**Trigger point injections x 4:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, Trigger point injections, page 122 states, "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain. Trigger point injections with an anesthetic such as bupivacaine are recommended for non-resolving trigger points, but the addition of a corticosteroid is not generally recommended." In this case the exam notes from 6/11/15 demonstrate no evidence of myofascial pain syndrome or where on the body the trigger point injection is to be performed. Therefore the request is not medically necessary.

**Sacroiliac joint injection:** Upheld

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

**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, Sacroiliac joint blocks.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case there is no evidence of aggressive conservative therapy being performed prior to the request for the sacroiliac joint injection on 6/11/15. Therefore the guideline criteria have not been met and the request is not medically necessary.

**Major joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. In this case there is lack of evidence of what major joint is contemplated and what noninvasive treatment has been rendered. Therefore the request is not medically necessary.

**Right shoulder bursa steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** According to CA MTUS/ACOEM guidelines 2nd edition, Chapter 9, Shoulder complaints, page 204, Initial care, subacromial injection may be indicated after conservative therapy for two to three weeks. In this case, the exam note from 6/11/15 does not indicate if recent conservative care has been attempted and failed. Therefore, the guideline has not been satisfied and the request is not medically necessary.

**Right hip bursa steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Hip and Pelvis, Trochanteric injection.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of trochanteric injection. According to ODG Hip & Pelvis, "For trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief (level of evidence, C). Trochanteric bursitis is the second leading cause of hip pain in adults, and a steroid-anesthetic single injection can provide rapid and prolonged relief, with a 2.7-fold increase in the number of patients who were pain-free at 5 years after a single injection." In this case while there is lack of evidence of trochanteric pain. Therefore, the entirety of the request is not medically necessary.