

Case Number:	CM15-0188854		
Date Assigned:	10/06/2015	Date of Injury:	03/14/2012
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 48-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of March 14, 2012. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for aquatic therapy; multiple steroid injections to the SI joint, trochanteric bursa and piriformis regions, and a pre-injection consultation. The claims administrator referenced an August 28, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On an RFA dated September 11, 2015, Lyrica, Naprosyn, eight sessions of aquatic therapy; and the triple block injection in question were proposed, along with a pre-injection consultation, also at issue. On an associated progress note date August 28, 2015, the applicant reported ongoing complaints of low back and hip pain, 9/10. Sitting, standing, and walking, all remained problematic, it was reported. There were associated complaints of low back pain radiating to the left leg present, it was reported. The applicant pretended that her functionality was diminishing over time. The applicant was given a diagnosis of degenerative disease of the lumbar spine versus clinically consistent lumbar radiculopathy versus lumbar facetogenic pain versus sacroiliitis, Lyrica, Naprosyn, and aquatic therapy were all endorsed, along with the triple block" steroid injection in question to the sacroiliac joint, trochanteric bursa and piriformis region(s). The applicant was given a rather proscriptive 15- to 20-pound lifting limitation. It did not appear that the applicant was working with said limitation in place, although this was not explicitly stated. The applicant had ongoing complaints of low back pain radiating to the leg, it was reported. The attending provider cited earlier electrodiagnostic testing of March 12 demonstrating a possible L5-S1 radiculopathy in her report. The applicant exhibited an antalgic gait but was not apparently using any kind of assistive device, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy, lower extremity and hip (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: No, the request for aquatic therapy for the lower extremity and the hip is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, there was no mention of the applicant's having a condition or conditions for which reduced weight bearing was desirable. While the attending provider reported an antalgic gait on August 28, 2015, there was no mention of the applicant's using a cane, crutch, or walker, or other assistive device. It was not clearly stated why aquatic therapy was preferable to land-based therapy and on land-based home exercises. Therefore, the request is not medically necessary.

Left triple block steroid injections to consist of injection to S1 joint trochanteric bursa and piri: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, page 611.

Decision rationale: Similarly, the request for a triple block steroid injection to the SI joint, trochanteric bursa and piriformis region was likewise not medically necessary, medically appropriate, or indicated here. ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 611, 1, Recommendation: Sacroiliac Joint Corticosteroid Injections for Treatment of Sacroiliitis Sacroiliac joint corticosteroid injections are recommended as a treatment option for patients with a specific known cause of sacroiliitis, i.e., proven rheumatologic inflammatory arthritis involving the sacroiliac joints. Strength of Evidence, Recommended, Evidence (C). 2. Recommendation: Sacroiliac Joint Injections for Treatment of Low Back Pain Sacroiliac joint injections are not recommended for treatment of acute low back pain including low back pain thought to be sacroiliac joint related; subacute or chronic non-specific low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease); or any radicular pain syndrome. Strength of Evidence, Not Recommended, Insufficient Evidence (I). As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, invasive techniques such as the triple block steroid injection at issue are deemed of "questionable merit." The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 also notes that ligamentous injections, i.e., procedures analogous to the trochanteric bursa and piriformis injections at issue, are also deemed "not recommended." The attending provider failed to furnish a clear or compelling rationale for pursuit of these injections

in the face of the unfavorable ACOEM position(s) on the same. The MTUS Guideline in ACOEM Chapter 3, page 48 further notes that injections of corticosteroids and/or local anesthetics should be reserved for applicants who do not improve with more conservative therapies, noting that steroids can weaken tissues, predispose to injury, and have risks which include infection and/or unintended damage to neurovascular structures. Here, the attending provider's request for a "triple block" steroid injection to three different regions, thus, was at odds with the MTUS Guideline in ACOEM Chapter 3, page 48. The MTUS does not address the topic of sacroiliac joint injections, i.e., one of the injections proposed. However, the Third Edition ACOEM Guidelines Low Back Chapter notes that sacroiliac injections are not recommended in the treatment of chronic non-specific low back pain, as was seemingly present here. The treating provider reported on August 28, 2015 that the applicant had multiple pain generators to include lumbar radiculopathy, degenerative disk disease, facetogenic low back pain, possible sacroiliitis, etc. The Third Edition ACOEM Guidelines Low Back Chapter suggests reserving sacroiliac injections for applicants with some rheumatologically-proven spondyloarthropathy implicating the SI joints. Here, however, there was no evidence that the applicant carried a diagnosis of rheumatologically-proven spondyloarthropathy involving or implicating the SI joints. Since all of the three components of the "triple block" at issue were not indicated, the entire request was not indicated. Therefore, the request is not medically necessary.

Pre-injection consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Finally, the request for a pre-injection consult is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, here, however, the primary request for a "triple block" steroid injection was deemed not medically necessary above, in question #2. Since the primary request for a triple block steroid injection was deemed not medically necessary, the derivative or companion request for an associated pre-injection consult was likewise not indicated. Therefore, the request is not medically necessary.