

Case Number:	CM15-0205584		
Date Assigned:	10/22/2015	Date of Injury:	05/19/2015
Decision Date:	12/04/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/20/2015

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, Oregon, Washington
 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 46 year old female, who sustained an industrial injury on 5-19-15. The injured worker was diagnosed as having low back pain with radicular symptoms; patellar tendinosis; axial low back pain. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (7-17-15) Ultrasound right knee (7-30-15); MRI right knee (9-15-15). Currently, the PR-2 notes dated 9-29-15 indicated the injured worker complains of continued "very severe left-sided leg pain and low back pain which has not improved since the last visit" of 9-11-15. In addition, she reports having "very severe right knee pain over her patellar tendon". She describes a constant, sometimes sharp, sometimes dull pain that is worse with activity and associated with numbness and tingling going down her left leg. On physical examination, the provider documents "She has limited lumbar flexion, extension, as well as lateral rotation. She is very tender to touch along her low back including her PSIS, greater trochanters along her facet joints and midline. She has a negative slump test and straight leg raise. With mildly decreased range of motion of the hips with passive internal rotation and FABER maneuver. She has 5 out of 5 strength in her lower limbs, although there is significant amount of pain. Hoffmann's sign is negative with sensation decreased to light touch to all dermatomes and myotomes to the left as well as distally on the left." He notes the injured worker is likely to have nerve impingement at L5-S1 on the left. He reports an electrodiagnostic study was negative (no report or date of testing). She still has right knee pain and notes there appears to be a small tear at the patella between right and left and recommends the platelet-rich plasma. He is also requesting the epidural steroid injection and facet injections or possibly

medial branch blocks to see how this helps to relieve her pain. a PR-2 note dated 8-26-15 documents the injured worker was on a course of prednisone for 6 days starting on 6-10-15. She also has physical therapy x12. She has a pain management consultation on 7-30-15 that recommended medial branch blocks of the lumbar spine and a steroid injection to the anterior right knee. He notes at this visit both were denied. His physical examination is relevant to the documentation on 9-29-15. He notes on 8-26-15 that the injured worker is using a cane "to get around". He notes a diagnosis of lumbar radiculopathy right greater than left and not responding to conservative treatment. He review the MRI of the lumbar spine and documents "progression of L4-5 central left paracentral disc protrusion without nerve root deviation or impingement. (Now 4.5, in thickness, previous 3mm) however central stenosis is mild. Foraminal stenosis is mild." A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated 10-16-15 and non-certification for Epidural steroid injection; Platelet rich plasma injection and Bilateral L5-S1 and L4-L5 facet joint injections of medial branch blocks. A request for authorization has been received for Epidural steroid injection; Platelet rich plasma injection and Bilateral L5-S1 and L4- L5 facet joint injections of medial branch blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural injections, page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The American Academy of Neurology recently concluded that epidural steroid injections 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. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). CA MTUS criteria for epidural steroid injections are: "Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." 1) Radiculopathy must be documented by physical examination and

corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two 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 two nerve root levels should be injected using transforaminal 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case the exam notes from 8/26/15 do not demonstrate a failure of conservative management nor a clear evidence of a dermatomal distribution of radiculopathy. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Platelet rich plasma injection: 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), Criteria for Platelet-rich plasma (PRP) intra-articular injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back / Platelet-rich plasma (PRP), Knee and Leg, PRP.

Decision rationale: Per ODG, PRP in the lower back is: "Not recommended. The results of platelet-rich plasma (PRP) in spine surgery are limited and controversial. In this RCT, adding PRP in posterior lumbar fusion did not lead to a substantial improvement when compared with autologous bone only. The expense of using PRP cannot be justified until statistical significance can be reached in a larger study. (Sys, 2012) A study of platelet-rich plasma on anterior fusion in spinal injuries concluded that this is not a clear advancement in spinal fusion in terms of a clinical benefit. (Hartmann, 2010)" As the use of PRP in the lumbar spine is not recommended in the lumbar spine the recommendation is for non-certification. CA MTUS/ACOEM is silent on the issue of platelet-rich plasma (PRP) for the knee. According to the ODG, Knee and Leg, PRP, "Under study. PRP looks promising, but it is not yet ready for prime time. PRP has become popular among professional athletes because it promises to enhance performance, but there is no science behind it yet. A study of PRP injections in patients with early arthritis compared the effectiveness of PRP with that of low-molecular-weight hyaluronic acid and high-molecular-weight hyaluronic acid injections, and concluded that PRP is promising for less severe, very early arthritis, in younger people under 50 years of age, but it is not promising for very severe osteoarthritis in older patients." As the guidelines do not support PRP for the knee, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Bilateral L5-S5 and L4-L5 facet joint injections of medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Facet joint medial branch blocks (therapeutic injections); Facet joint intra-articular injections (therapeutic blocks).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint radiofrequency neurotomy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of facet joint radiofrequency neurotomy. According to the ODG, Low Back, Facet joint radiofrequency neurotomy, criteria includes a formal plan of additional evidence-based conservative care in addition to facet joint therapy. There is insufficient evidence in the records from 8/26/15 demonstrating this formal plan has been contemplated or initiated. Per ODG: "Under study. Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis (only 3 RCTs with one suggesting pain benefit without functional gains, potential benefit if used to reduce narcotics). Studies have not demonstrated improved function. Also called Facet rhizotomy, Radiofrequency medial branch neurotomy, or Radiofrequency ablation (RFA), this is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints." The guidelines continue to state: Criteria for use of facet joint radiofrequency neurotomy: (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections). (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period. (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function. (4) No more than two joint levels are to be performed at one time. (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks. (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In this case the patient does not meet ODG criteria for facet joint radiofrequency neurotomy because there is no evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.