

Case Number:	CM15-0219346		
Date Assigned:	11/12/2015	Date of Injury:	04/02/2006
Decision Date:	12/31/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 54-year-old female, who sustained an industrial injury on 4-2-06. The documentation on 9-22-15 noted that the injured worker has complaints of pain in the low back six to seven out of ten on the pain scale. The injured worker notes bilateral lower extremity numbness, tingling and pain extending to the calf region facet syndrome; failed back surgery with radiculopathy; lumbago; radiculopathy; chronic pain syndrome and fusion L5-S1 (sacroiliac). There is tenderness to palpation over the bilateral S1 (sacroiliac) joint and there is a positive FABER (for flexion, abduction, and external rotation) test. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included tramadol; cymbalta and fused at L5-S1 (sacroiliac). The original utilization review (10-7-15) non-certified the request for lumbar TFE-transforaminal epidural bilateral L4-L5; cymbalta 60mg #30 once a day, 30 days and S1 (sacroiliac) joint injection bilateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar TFE-transforaminal epidural bilateral L4-L5: 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: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. Per progress report dated 9/22/15, decreased sensation was noted at the right L4, and L5 to light touch. Motor exam noted -5/5 bilateral TA, EHL, quads and hamstring; 5/5 bilaterally in the remaining muscles. Straight leg raising test was positive bilaterally. The documentation submitted for review did not contain imaging findings. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As the medical records contain no imaging studies or electrodiagnostic testing corroborating radiculopathy, medical necessity cannot be affirmed.

Cymbalta 60mg #30 once a day, 30 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Per the medical records submitted for review, the injured worker suffers from neuropathic pain. The request is indicated. I respectfully disagree with the UR physician's denial based upon a lack of documented functional improvement, the MTUS guidelines do not mandate this for the continued use of antidepressants for chronic pain. The request is medically necessary.

SI joint injection bilateral: 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 & Pelvis Chapter.

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, sacroiliac joint blocks.

Decision rationale: The MTUS is silent on the use of sacroiliac joint injections. Per ODG TWC with regard to sacroiliac joint injections: "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below." Criteria for the use of sacroiliac blocks:

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).
2. Diagnostic evaluation must first address any other possible pain generators.
3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.
4. Blocks are performed under fluoroscopy. (Hansen, 2003)
5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed.
6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.
7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks.
8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.
9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. It was noted per the medical records that FABER and Gaenslen's test were positive bilaterally. there was positive tenderness to palpation over the sacroiliac joints which is equivalent to the Fortin Finger Test. I respectfully disagree with the UR physician, the criteria was met. The request is medically necessary.