

Case Number:	CM15-0220625		
Date Assigned:	11/16/2015	Date of Injury:	01/28/2011
Decision Date:	12/29/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/10/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 60 year old male, who sustained an industrial injury on 06-24-2015. The injured worker was diagnosed as having partial tear insertion left Achilles tendon (50% tendon thickness) also oblique longitudinal split tear. On medical records dated 09-29-2015, the subjective complaints were noted as left heel constant pain. Objective findings were noted as left ankle tenderness at Achilles tendon, edema and ecchymosis. Treatments to date included walking boot, cane, cast, ice, medication and fracture brace walker. The injured worker was noted to have undergone an MRI of left ankle on 07-07-2015 revealed a partial tear of the Achilles tendon. The provider recommended a repeat MRI of left ankle to check the status of Achilles tendon healing. The injured worker was noted to be temporarily totally disabled. Current medications were not listed on 09-29-2015. The Utilization Review (UR) was dated 10-07-2015. A Request for Authorization was dated 10-02-2015. The UR submitted for this medical review indicated that the request for MRI left ankle was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint ligament injections with positive stork test, Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (Acute & Chronic) - Sacroiliac joint blocks.

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 chapter under SI joint therapeutic injection.

Decision rationale: The 60 year old patient presents with cervicogenic myofascial pain syndrome with facetogenic pain generator, limited range of motion; left shoulder conditions related to injury and two subsequent surgeries; persistent nausea and vomiting related to chronic pain and vestibular aggravation in the neck; migraine headaches with nausea and vomiting photophobia; chronic lumbar pain with intervertebral disc dysfunction; left L4-5 radiculopathy; and left hip myofascial pain syndrome; as per progress report dated 10/30/15. The request is for Left sacroiliac joint ligament injections with positive stork test, Qty 1. The RFA for this case is dated 10/23/15, and the patient's date of injury is 01/28/11. Medications, as per progress report dated 10/30/15, included Butrans patches, Brintellix, Duloxetine, Zorvolax, and topical compounded creams. The reports do not document the patient's work status. Official Disability Guidelines, Hip and Pelvis chapter under SI joint therapeutic injection: Not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology. Below are current reviews on the topic and articles cited. There is some evidence of success of treatment with injections for inflammatory spondyloarthropathy, although most rheumatologists now utilize biologic treatments (anti-TNF and/or disease modifying antirheumatic drugs) for treatment. As per progress report dated 10/30/15, the patient's left hip and sacroiliac joint pains have increased. Physical examination revealed SI joint tenderness along with positive Stork and Gaenslen test. The patient had mild to moderate pain in piriformis muscle, SI joint and anterior psoas tendon insertion, and severe pain in greater trochanter. The treater is, therefore, requesting for sacroiliac joint injection to "reduce the severity of her pain..." However, the patient does not present with inflammatory SI joint problems, and the ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. Hence, the request IS NOT medically necessary.

Trigger point injections, shoulder and neck muscles, (4 injections per session, every 6-8 weeks, 3 sessions), Qty 12 injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Trigger point injections (TPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The 60 year old patient presents with cervicogenic myofascial pain syndrome with facetogenic pain generator, limited range of motion; left shoulder conditions related to injury and two subsequent surgeries; persistent nausea and vomiting related to chronic pain and vestibular aggravation in the neck; migraine headaches with nausea and vomiting photophobia; chronic lumbar pain with intervertebral disc dysfunction; left L4-5 radiculopathy; and left hip myofascial pain syndrome; as per progress report dated 10/30/15. The request is for Trigger point injections, shoulder and neck muscles, (4 injections per session, every 6-8 weeks, 3 sessions), Qty 12 injections. The RFA for this case is dated 10/23/15, and the patient's date of injury is 01/28/11. Medications, as per progress report dated 10/30/15, included Butrans patches, Brintellix, Duloxetine, Zorvolax, and topical compounded creams. The reports do not document the patient's work status. The MTUS Chronic Pain Guidelines 2009, on page 122 and Trigger point injections section, state that "trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." In this case, the patient received a set of trigger point injections on 10/07/15, as per progress report dated 10/16/15. In progress report dated 10/30/15, the treater states that prior trigger point injections led to 50% reduction in pain in the trapezius along with increased activities of daily living. The treater also points out that "her sleep has increased to 8 hours a night, as a consequence of her previous trigger point injections." In progress report dated 10/23/15, the treater states that the patient qualifies for trigger point injections as she continues to have chronic pain, in spite of conservative care. Physical examination also reveals "trigger points with hyperirritable foci located in palpable taut bands in the levator scapula, trapezius and rhomboid muscles" producing local twitch responses to compression with referred pain to posterior scapula and neck. Given the presence of trigger points and the efficacy of prior injections, a request for one session of repeat injections appears reasonable. However, the current request is for 3 sessions. MTUS allows for repeat sessions only when "a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement." Session 2 and 3 of trigger point injections can only be approved after session 1 injections have been successful. Hence, the request for 3 sessions IS NOT medically necessary.

Ultrasonic guidance (trigger point injections), Qty 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmed/19057634].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.aaos.org/news/aaosnow/jan15/clinical5.asp.

Decision rationale: The 60 year old patient presents with cervicogenic myofascial pain syndrome with facetogenic pain generator, limited range of motion; left shoulder conditions related to injury and two subsequent surgeries; persistent nausea and vomiting related to chronic pain and vestibular aggravation in the neck; migraine headaches with nausea and vomiting photophobia; chronic lumbar pain with intervertebral disc dysfunction; left L4-5 radiculopathy; and left hip myofascial pain syndrome; as per progress report dated 10/30/15. The request is for Ultrasonic guidance (trigger point injections), Qty 3. The RFA for this case is dated 10/23/15, and the patient's date of injury is 01/28/11. Medications, as per progress report dated 10/30/15, included Butrans patches, Brintellix, Duloxetine, Zorvolax, and topical compounded creams. The reports do not document the patient's work status. ODG, MTUS and ACOEM guidelines do not discuss ultrasound guidance for trigger point injections specifically. As per American Academy of Orthopedic Surgeons at www.aaos.org/news/aaosnow/jan15/clinical5.asp, "Limited data exist comparing the clinical efficacy of ultrasound-guided to palpation-guided injections..." The article states further that "Although these early clinical outcomes appear promising, it is unclear whether image guidance will have an impact on long-term results." In this case, none of the reports discuss the request. It is not clear why the treater is requesting for ultrasound guidance for trigger point injections. The American Academy of Orthopedic Surgeons states that "it is unclear whether image guidance will have an impact on long-term results." Additionally, the patient's trigger point injections have not been authorized. Consequently, the request for ultrasound guidance IS NOT medically necessary as well.