

Case Number:	CM14-0180821		
Date Assigned:	11/05/2014	Date of Injury:	10/15/2011
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/30/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Fellowship Trained and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 29-year-old female with a 10/15/11 date of injury. At the time (9/22/14) of request for authorization for PT 3x6 to low back; L5-S1 ESI; L4-5, L5-S1 facet blocks; Rhizotomy; Bilateral SI joint injections; and Bilateral hip bursae injections, there is documentation of subjective (low back pain radiating to bilateral hip/leg with numbness/tingling) and objective (tenderness over bilateral sacroiliac joint/ hip bursae as well as paraspinal muscles, decreased lumbar range of motion, absent lower extremity deep tendon reflex, and decreased sensory exam over bilateral lateral thigh) findings, current diagnoses (lumbar disc displacement, lumbar radiculopathy, idiopathic peripheral neuropathy, and painful swelling of joint), and treatment to date (previous epidural injection, previous radiofrequency ablation, 20 sessions of physical therapy treatments, home exercises, and medications). Medical report identifies that previous epidural steroid injection did not have any effect on patient's symptoms; and failure of NSAID treatment. Regarding PT 3x6 to low back, there is no documentation of exceptional factors to justify going outside of guideline parameters; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result previous physical therapy treatments completed to date. Regarding L5-S1 ESI, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous epidural steroid injection; and that ESI will not be performed on the same day as facet joint blocks. Regarding L4-5, L5-S1 facet blocks, there is no documentation of non-radicular facet mediated pain; and that facet blocks will not be performed on the same day as ESI. Regarding Rhizotomy, there is no documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at

intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Regarding Bilateral SI joint injections, there is no documentation of at least 3 positive exam findings [Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI) and facet joint injection or medial branch block. Regarding Bilateral hip bursae injections, there is no documentation that trochanteric corticosteroid injection is used as a first-line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x6 to low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 83 (CH 5), 87-88 (CH 5), 49 (CH 3), 289 (CH 12), Chronic Pain Treatment Guidelines Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Low Back, Physical Therapy (PT) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbosacral radiculitis not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lumbar radiculopathy, idiopathic peripheral neuropathy, and painful swelling of joint. In addition, there is documentation of 20 sessions of physical therapy completed to date, which exceeds guidelines. Furthermore, there is no documentation of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as

a result previous physical therapy treatments completed to date. Therefore, based on guidelines and a review of the evidence, the request for PT 3x6 to low back is not medically necessary.

L5-S1 ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response; and that it is not recommended to perform epidural blocks on the same day of treatment as facet blocks as this may lead to improper diagnosis or unnecessary treatment as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lumbar radiculopathy, idiopathic peripheral neuropathy, and painful swelling of joint. In addition, there is documentation of previous epidural steroid injection. However, given documentation that previous epidural steroid injection did not have any effect on patient's symptoms, there is no documentation of at least 50-70% pain relief for six to eight weeks, as well as decreased need for pain medications, and functional response following previous epidural steroid injection. In addition, given documentation of an associated request for facet joint blocks, there is no (clear) documentation that ESI will not be performed on the same day as facet joint blocks. Therefore, based on guidelines and a review of the evidence, the request for L5-S1 ESI is not medically necessary.

L4-5, L5-S1 facet blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs)

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one

session, and that it is not recommended to perform facet joint blocks on the same day of treatment as ESI as this may lead to improper diagnosis or unnecessary treatment, as criteria necessary to support the medical necessity of facet injection. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lumbar radiculopathy, idiopathic peripheral neuropathy, and painful swelling of joint. In addition, there is documentation of low-back pain at no more than two levels bilaterally, and no more than 2 joint levels to be injected in one session, and failure of conservative treatment (home exercise, PT, and NSAIDs). However, given documentation of subjective (low back pain radiating to bilateral hip/leg with numbness/tingling) and objective (absent lower extremity deep tendon reflex and decreased sensory exam over bilateral lateral thigh) findings and a diagnosis of lumbar radiculopathy, there is no documentation of non-radicular facet mediated pain. In addition, given documentation of an associated request for ESI, there is no (clear) documentation that facet joint blocks will not be performed on the same day as ESI. Therefore, based on guidelines and a review of the evidence, the request for L5-S1 facet blocks is not medically necessary.

Rhizotomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint radiofrequency neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. In addition, ODG identifies documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, no more than two joint levels will be performed at one time, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lumbar radiculopathy, idiopathic peripheral neuropathy, and painful swelling of joint. However, there is no documentation of at least one set of diagnostic medial branch blocks with a response of 70% and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. In addition, given no documentation of the level(s) to be addressed, there is no documentation of no more than two joint levels will be performed at one time (if different regions require neural blockade,

these should be performed at intervals of no sooner than one week).. Therefore, based on guidelines and a review of the evidence, the request for Rhizotomy is not medically necessary.

Bilateral SI joint injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection

Decision rationale: MTUS reference to ACOEM Guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. ODG identifies documentation of at least 3 positive exam findings [such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lumbar radiculopathy, idiopathic peripheral neuropathy, and painful swelling of joint. In addition, there is documentation of failure of conservative treatment (PT, home exercise and medication management). However, there is no documentation of at least 3 positive exam findings [Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; and block to be performed under fluoroscopy. In addition, given documentation of an associated request for LESI and facet blocks, there is no documentation that block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. Therefore, based on guidelines and a review of the evidence, the request for Bilateral SI joint injections is not medically necessary.

Bilateral hip bursae injections: 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) Hip and Pelvis, Trochanteric bursitis injections

Decision rationale: MTUS does not address this issue. ODG supports a trochanteric corticosteroid injection as a first-line treatment of trochanteric bursitis. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement, lumbar radiculopathy, idiopathic peripheral neuropathy, and painful swelling of joint. However, there is no documentation of trochanteric bursitis. Therefore, based on guidelines and a review of the evidence, the request for Bilateral hip bursae injections is not medically necessary.