

Case Number:	CM14-0213462		
Date Assigned:	12/30/2014	Date of Injury:	10/24/1997
Decision Date:	02/27/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn, 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 work is a 66 year-old male with an original date of injury on October 24, 1997. While working as a bus driver, the patient had stepped on a stone while getting off the bus, and had injury to his lower back, neck, and dislocated his right shoulder. The industry related diagnoses are lumbargo, cervicalgia, pelvic region and thigh pain, thoracic or lumbar sacral neuritis or radiculitis, and unspecific spinal stenosis of lumbar region with neurogenic claudication. An x-ray of the hip and pelvis on November 19, 2013 documented mild degenerative changes of the right hip with acetabula over coverage, possible femoacetabular impingement. An x-ray of the lumbar spine on February 13, 2014 documented multilevel moderate degenerative disc disease with degenerative spondylolisthesis of L4, facet sclerosis from L2-L3 with neural foramen narrowing at L3-L4 and L5-S1. A MRI of the lumbar spine on April 10, 2014 showed multilevel moderate to severe degenerative disc disease with severe spinal stenosis at L3-L4, moderate spinal stenosis at L4-L5, degenerative anterolisthesis L4 on L5 with moderate spinal stenosis, lateral recess at L4-L5 and L3-L4, moderate narrowing of lateral recess at L2-L3. The patient's current medications include Vicoprofen, and Motrin. The dispute issues are the request for right L5-S1 facet injection and right hip injection. A utilization review on October 23, 2014 has non-certified these requests. The rationale for denial of right L5-S1 facet injection was this injection is not substantiated at this time as there is a concurrent request for a sacroiliac joint injection. The outcome of SI joint injection should first be assessed prior to be considered for additional injections. In regards to right hip joint injection, the utilizing children review stated the patient has underwent right hip injection on January 27, 2014 and

lumbar epidural steroid injection on June 24, 2014 which did not help. As prior injections have not been helpful, the current request for repeat injection is not substantiated. In addition the outcome of the concurrently requested SI joint injection should be first assessed prior to the patient being considered for additional injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 facet injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back, (updated 08/22/2014), Facet Joint Diagnostic Block (Injections); Facet Joint Medial Branch Blocks (Therapeutic Injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

Decision rationale: On October 15, 2014, the provider has ordered right L5-S1 facet injection. The physical exam did not indicate any findings of radiculopathy corresponding to dermatomal distribution. Exam findings include negative straight leg raise, slump test negative, patch test was positive on the right side, and range of motion limited to 20 at the lumbar spine, 5 extension, 30 left and right rotations, 10 bilateral pending, and painful facet loading. A MRI of the lumbar spine completed on April 10, 2014 does not indicate nerve root compression. Regarding the request for lumbar facet injections, Chronic Pain Medical Treatment Guidelines state that invasive techniques are of questionable merit. ODG guidelines state that facet joint injections may be indicated if there is tenderness to palpation in the paravertebral area, a normal sensory examination, and absence of radicular findings. As such, the currently requested facet injection is indicated and may help alleviate pain for this patient.

Right hip 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, Hip & Pelvis (updated 10/09/2014), 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 Chapter, Intra-articular hip steroid injection Topic.

Decision rationale: With regard to this request, the CA MTUS does not directly address hip injections. Therefore, the ODG Hip Chapter are referenced, which specify the following regarding intra-articular steroid hip injection: "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011) Intraarticular glucocorticoid injection with or without

elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. (Villoutreix, 2005) A survey of expert opinions showed that substantial numbers of surgeons felt that IASHI was not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. (Kasper, 2005) Historically, using steroids to treat hip OA did not seem to work very well, at least not as well as in the knee. However, the hip joint is one of the most difficult joints in the body to inject accurately, and entry of the therapeutic agent into the synovial space cannot be ensured without fluoroscopic guidance. Fluoroscopically guided steroid injection may be effective. (Lambert, 2007) Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care, according to a recent RCT. GTPS, also known as trochanteric bursitis, is a common cause of hip pain. In this first randomized controlled trial assessing the effectiveness of corticosteroid injections vs usual care in GTPS, a clinically relevant effect was shown at a 3-month follow-up visit for recovery and for pain at rest and with activity, but at a 12-month follow-up visit, the differences in outcome were no longer present. (Brinks, 2011)"A progress note on date of service 8/5/2014 has noted the patient has had previous right hip injection, which did not help with his symptoms. In general, a repeat injection is not warranted unless there is documentation of clinical efficacy or functional improvement, which is not noted in this case. It is unclear how a repeat injection will help with this patient's symptoms at this time. Therefore, this request is not medically necessary.