MAXIMUS Federal Services

Case Number:	CM15-0112844		
Date Assigned:	06/18/2015	Date of Injury:	10/13/1994
Decision Date:	07/22/2015	UR Denial Date:	05/31/2015
Priority:	Standard	Application Received:	06/10/2015

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:

The injured worker is a 61 year female with an industrial injury dated 10/13/94. Diagnoses are multilevel cervical degenerative disease status post 2 cervical spine surgeries with C5-C6 anterior interbody fusion and evidence of moderately severe left neuroforaminal narrowing at C6-C7 per a Computerized Tomography scan of 11/23/11, left upper extremity radiculopathy, severe lumbar degenerative disc disease, status post lumbar spine surgeries 4 times with last surgery being L5-S1 anteroposterior fusion -1998, moderate chronic L5 radiculopathy on the right per electromyography and nerve conduction velocity test of 11/11, and history of infection following caudal epidural steroid injection 4/18/13 status post debridement with residual neuropathic pain. In a progress report dated 5/4/15, a treating physician notes the injured worker returns for complex pain management with current complaints of pain to the low back and right leg, with electrical burning and lancinating pain that travels down the right leg. She has difficulty standing and walking because of the pain. There is also complaint of pain over the cervical spine that radiates into the shoulder. She also notes pain over the buttock area where she previously has skin grafting and she remains symptomatic with neurogenic bladder. Current medications are Morphine ER for baseline pain control, Morphine IR for moderate -to-severe breakthrough pain, Amitriptyline for neuropathic pain and insomnia due to pain, Gabapentin daily for neuropathic pain, Lidocaine ointment for topical neuropathic pain in the upper buttock region and Senokot-S for opioid induced constipation. Medication compliance has been demonstrated with urine drug screening. Pain is rated at 7-8/10 with current medication and without medications as 10/10. She reports 30% improvement in pain and 30%-40%

improvement in function with her current medications. She notes she is better able to participate in activities of daily life with medication and without it she is primarily confined to a bed or chair. A treatment plan is for neurosurgery consult, re-evaluation with the general surgeon and for a spinal cord stimulator trial. A treating physician progress note dated 5/20/15 documents the injured worker had a good response to steroid injection which lasted several months and reports she is back to pre-injection status now. She complains of constant buttock pain at 8 out of 10. Wounds are well healed and the area remains very tender. There has been some relief with use of topical Lidocaine. The treatment plan is for a series of steroid injections, every 3 months 4 times. Previous treatment includes a caudal epidural steroid injection on 4/18/13 without relief. She has a history of 5 lumbar spine surgeries, 2 cervical spine surgeries, 3 right shoulder surgeries. The injured worker was previously under pain management with another physician and notes a history of both cervical and lumbar epidural injections. She also notes prior physical therapy and chiropractic treatment. The requested treatment is 1 steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 steroid 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), Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Hip and pelvis chapter, Intra-articular steroid hip injection (IASHI).

Decision rationale: The 61 year old patient presents with low back pain radiating to the right leg, cervical spine pain radiating to shoulder, bilateral buttock pain, neurogenic bladder, and constipation, as per progress report dated 05/04/15. The request is for 1 STEROID INJECTION. The RFA for the case is dated 05/28/15, and the patient's date of injury is 10/13/94. The patient is status post five lumbar spine surgeries, status post two cervical spine surgeries, and status post three right shoulder surgeries, as per progress report dated 05/04/15. Medications included Morphine, Amitriptyline, Gabapentin, Senokot and Lidocaine ointment. Diagnoses included multilevel cervical degenerative disease, left upper extremity radiculopathy, severe lumbar degenerative disc disease, moderate chronic L5 radiculopathy, and history of infection following ESI. The progress reports do not document the patient's work status. ODG guidelines, chapter ' and topic 'Intra-articular steroid hip injection (IASHI)', states the following "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." In this case, it appears that the request is for steroid injection for buttock pain. The patient suffers from bilateral buttock pain and is status post bilateral buttock debridement, which has now completely healed, as per progress report dated 11/12/14. The patient did receive a steroid injection in the past. As per progress report

dated 05/20/15, the patient had good response to steroid injection which lasted several months. Pt reports back to pre-injection state now. The patient continues to suffer from bilateral buttock pain, as per the report. Hence, the treater is requesting for a series of steroid injections q 3 months x 4. The current request, however, is for 1 steroid injection. The reports, nonetheless, do not document specific reduction in pain or improvement in function due to prior injection. The injection did not show lasting relief either. Additionally, this request is not for TPI or bursa injection, and the treater does not mention trochanteric bursitis for which steroid injections are indicated. Hence, the request IS NOT medically necessary.