MAXIMUS Federal Services

Case Number:	CM15-0128881		
Date Assigned:	07/15/2015	Date of Injury:	11/20/2006
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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 50 year old male, who sustained an industrial injury on 11/2006. He has reported initial complaints of a back injury after a fall out of a truck. The diagnoses have included lumbar spondylosis, myalgia and myositis, and chronic pain. Treatment to date has included medications, off of work, diagnostics, activity modifications, epidural steroid injection (ESI), heat, ice and physical therapy. Currently, as per the physician progress note dated 6/16/15, the injured worker complains of chronic back pain in the low back and gluteal area and rated 7/10 on pain scale and reports that he has insomnia due to pain. He reports fatigue, nausea, dizziness, back pain, muscle weakness, anxiety, depression and insomnia. The physical exam reveals antalgic gait, lumbar spasm, and pain with range of motion of the lumbar spine. There is also stiffness and pain and tenderness with swelling in the lumbar spine. The current medications included Prilosec, Naprosyn and Robaxin. There is no diagnostic reports noted in the records and there is no previous physical therapy sessions noted. The physician requested treatments included Sacro-iliac injection fluoroscopy contrast quantity of 2, Dexamethasone, Depomedrol and Lidocaine x 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacro-iliac injection fluroroscopy contrast Qty: 2: 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), Hip and 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) Low Back Chapter under SI joint injections.

Decision rationale: The patient presents with pain in the lower back, rated 5-7/10. The request is for SACRO-ILIAC INJECTION FLUROSCOPY CONTRAST QTY: 2. RFA with the request was not provided. Per 06/16/15 progress report, patient's diagnosis includes lumbar spine spondylosis, myalgia and myositis unspecified, and chronic pain. Physical examination to the lumbar spine on 05/19/15 revealed tenderness to palpation over the sacroiliac joint on the left side. Range of motion was restricted in all planes with pain. Treatment to date has included diagnostics, activity modifications, epidural steroid injection (ESI), physical therapy, and medications. Patient's medications included Naproxen, Omeprazole and Tramadol. Patient's work status was not specified.ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed." Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: 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; Thigh Thrust Test (POSH).Criteria for the use of sacroiliac blocks: 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. In progress report dated 05/19/15, treater states that the facet injection did not help, the SI injection gave the patient relief for one week. Physical examination to the lumbar spine on 05/19/15 revealed tenderness to palpation over the sacroiliac joint on the left side and a restricted range of motion in all planes with pain. ODG requires at least three positive exam findings indicative of SI joint pathology. In this case, the treater has not provided at least three positive exam findings to warrant requested SI joint injection. The patient's prior injection only provided one week relief. The ODG require 70% reduction of pain lasting 6 weeks or more. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Depomedrol: 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) Low Back chapter, under Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The patient presents with pain in the lower back, rated 5-7/10. The request is for DEPOMEDROL. RFA with the request was not provided. Per 06/16/15 progress report, patient's diagnosis includes lumbar spine spondylosis, myalgia and myositis unspecified, and chronic pain. Physical examination to the lumbar spine on 05/19/15 revealed tenderness to palpation over the sacroiliac joint on the left side. Range of motion was restricted in all planes with pain. Treatment to date has included diagnostics, activity modifications, epidural steroid injection (ESI), physical therapy, and medications. Patient's medications included Naproxen, Omeprazole and Tramadol. Patient's work status was not specified. Depo-Medrol is a corticosteroid. ODG Guidelines, Low Back chapter, under Corticosteroids (oral/parenteral/IM for low back pain) states: "Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. (Holve, 2008)" Treater has not provided medical rationale for the request nor indicate site of injection. In progress report dated 05/19/15, treater states that the facet injection did not help, and the SI injection gave the patient relief for one week. The patient has tried injections for his back pain relief without benefit and continues with back pain. In this case, the patient presents with chronic back pain. There is no documentation of acute radicular pain to warrant this procedure based on guideline recommendations. Therefore, the request IS NOT medically necessary.

Dexamethasone: 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) Low Back chapter, under Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The patient presents with pain in the lower back, rated 5-7/10. The request is for DEXAMETHASONE. RFA with the request was not provided. Per 06/16/15 progress report, patient's diagnosis includes lumbar spine spondylosis, myalgia and myositis unspecified, and chronic pain. Physical examination to the lumbar spine on 05/19/15 revealed tenderness to palpation over the sacroiliac joint on the left side. Range of motion was restricted in all planes with pain. Treatment to date has included diagnostics, activity modifications, epidural steroid injection (ESI), physical therapy, and medications. Patient's medications included Naproxen, Omeprazole and Tramadol. Patient's work status was not specified. Dexamethasone is a corticosteroid. ODG Guidelines, Low Back chapter, under Corticosteroids (oral/parenteral/IM for low back pain) states: "Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. (Holve, 2008)" Treater has not provided medical rationale for the request nor indicate site of injection. In progress report dated 05/19/15, treater states that the facet injection did not help,

and the SI injection gave the patient relief for one week. The patient has tried injections for his back pain relief without benefit and continues with back pain. In this case, the patient presents with chronic back pain. There is no documentation of acute radicular pain to warrant this procedure based on guideline recommendations. Therefore, the request IS NOT medically necessary.

LIdocaine x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The patient presents with pain in the lower back, rated 5-7/10. The request is for LIDOCAINE x 8. RFA with the request was not provided. Per 06/16/15 progress report, patient's diagnosis includes lumbar spine spondylosis, myalgia and myositis unspecified, and chronic pain. Physical examination to the lumbar spine on 05/19/15 revealed tenderness to palpation over the sacroiliac joint on the left side. Range of motion was restricted in all planes with pain. Treatment to date has included diagnostics, activity modifications, epidural steroid injection (ESI), physical therapy, and medications. Patient's medications included Naproxen, Omeprazole and Tramadol. Patient's work status was not specified. The MTUS Guidelines, on page 122, 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. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 low back complaints, under Physical Methods, pages 300 states: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulpous, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." In progress report dated 05/19/15, treater states that the facet injection did not help, and the SI injection gave the patient relief for one week. Neither medical rationale nor RFA with the request were provided. Guidelines would recommend trigger point injections with a local anesthetic for the treatment of chronic low back. However, treater has not provided reason for the request, discussed the procedure, nor indicated site of injection. Furthermore, the request is

for 8 injections. Guidelines do not support additional injections without documentation of response and results obtained from first injection. Given lack of documentation, this request as written is not in accordance with guidelines and cannot be warranted. Therefore, the request IS NOT medically necessary.