

<b>Case Number:</b>	CM15-0077666		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	03/19/1999
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 46 year old male, who sustained an industrial injury on 3/19/1999. The mechanism of injury is not indicated. The injured worker was diagnosed as having lateral epicondylitis of elbow, rotator cuff sprain/strain, lumbar/lumbosacral intervertebral disc degeneration, left shoulder rotator cuff tear. Treatment to date has included medications, physical therapy, medications, and heat. The request is for 3 sacroiliac joint injections, 2 medial branch blocks, 2 caudal epidural steroid injections, and one intrathecal pain pump trial. On 2/24/2015, he complained of right elbow, left shoulder, and low back pain. He reported trying to treat himself with heat and anti-inflammatories. He indicated he does not want surgery and would like to see a pain management specialist. His pain level is not rated. On 3/10/2015, he complained of continued pain to the left shoulder, right shoulder, left upper extremity, right upper extremity, left hand, right hand, right wrist, low back, mid back, bilateral lower extremity, bilateral ankle, bilateral knee and right elbow. He rated his pains as 8-10/10. Physical therapy is reported to have provided no change in his symptomology. The treatment plan included: medical branch blocks, rhyzolysis, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac joint injections #3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines criteria for the use of sacroiliac blocks. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hip and pelvis (chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter under SI joint injections.

**Decision rationale:** The patient presents with back, upper and lower extremities pain rated 10/10. The request is for Sacroiliac Joint Injections #3. The request for authorization is dated 03/30/15. MRI of the lumbar spine, 08/28/07, shows multilevel DDD with spondylosis at the L4-5 level. Mild stenosis was noted at the L4-5 and L5-S1 level and the anterior, posterior and lateral recess. Physical examination of the lumbar spine reveals range of motion is restricted. Kemp's test is positive on both sides. Straight leg raising test is positive on the right side. Patrick's test is positive on the right SI joint. Exam of the bilateral hips reveals SI joint pain. Treatments patients have tried are physical therapy, passive (heat, ultrasound, gentle massage), exercise and pool exercise. He states that medications are not effective. Little or no effect on ADLs. Patient's medications include Gabapentin, Tizanidine and Aleve. The patient's work status is not provided. 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. Treater does not discuss the request. In this case, the patient has trialed aggressive conservative treatments but continues with pain. Per progress report dated 02/18/15, physical examination of the bilateral hips revealed "SI joint pain." Positive exam findings include Kemp's test, SLR test and Patrick's test. However, in determining 3 positive exam findings for SI joint injection, Kemp's and SLR tests are not counted as they are not listed in ODG guidelines. Furthermore, per RFA dated 03/30/15, the treater is requesting 3 injections, "Sacroiliac Joint Injection 1 every 2 weeks for total of 3." ODG guidelines recommend repeat blocks to be 2 months or longer between each injection, provided >70% pain relief for 6 weeks is obtained. Therefore, 3 injections every 2 weeks does not meet ODG guidelines. The request IS NOT medically necessary. 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. Treater does not discuss the request. In this case, the patient has trialed aggressive conservative treatments but continues with pain. Per progress report dated 02/18/15, physical examination of the bilateral hips revealed "SI joint pain." Positive exam findings include Kemp's test, SLR test and Patrick's test. However, in determining 3 positive exam findings for SI joint injection, Kemp's and SLR tests are not counted as they are not listed in ODG guidelines. Furthermore, per RFA dated 03/30/15, the treater is requesting 3 injections, "Sacroiliac Joint Injection 1 every 2 weeks for total of 3." ODG guidelines recommend repeat blocks to be 2 months or longer between each injection, provided >70% pain relief for 6 weeks is obtained. Therefore, 3 injections every 2 weeks does not meet ODG guidelines. The request IS NOT medically necessary.

### **Medial branch blocks #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), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections).

**Decision rationale:** The patient presents with back, upper and lower extremities pain rated 10/10. The request is for Medial Branch Blocks #2. The request for authorization is dated 03/30/15. MRI of the lumbar spine, 08/28/07, shows multilevel DDD with spondylosis at the L4-5 level. Mild stenosis was noted at the L4-5 and L5-S1 level and the anterior, posterior and lateral recess. Physical examination of the lumbar spine reveals range of motion is restricted. Kemp's test is positive on both sides. Straight leg raising test is positive on the right side. Patrick's test is positive on the right SI joint. Exam of the bilateral hips reveals SI joint pain. Treatments patients have tried are physical therapy, passive (heat, ultrasound, gentle massage), exercise and pool exercise. He states that medications are not effective. Little or no effect on ADLs. Patient's medications include Gabapentin, Tizanidine and Aleve. The patient's work status is not provided. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Facet joint diagnostic blocks (injections) Section states: "For Facet joint diagnostic blocks for both facet joint and Dorsal Median Branches: Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally." "... there should be no evidence of radicular pain, spinal stenosis, or previous fusion," and "if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive)." Per progress report dated, 03/10/15, treater's reason for the request is "The patient has symptoms and physical signs that may indicate that the primary source of pain is facet arthropathy. Medial branch blocks may be helpful in terms of diagnosis as well as therapy." ODG guidelines limit blocks for patients with non-radicular low-back pain. In this case, the patient presents with radiating pain into the lower extremities, a radicular pain. Per progress report dated 03/26/15, treater states "The pain is characterized as aching, dull, stinging and throbbing. It radiates to the left leg and right leg." Per progress report dated 03/10/15,

treater notes "Kemp's test is positive on both sides. Straight leg raising test is positive on the right side. Patrick's test is positive." Furthermore, per RFA dated 03/30/15, the treater is requesting 2 blocks, "Medial Branch Block 1 every 2 weeks for total of 2." However, ODG does not support more than one Diagnostic Lumbar Medial Branch Block. Therefore, the request is not medically necessary.

### **Caudal epidural steroid injections #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

**Decision rationale:** The patient presents with back, upper and lower extremities pain rated 10/10. The request is for Caudal Epidural Steroid Injections #2. The request for authorization is dated 03/30/15. MRI of the lumbar spine, 08/28/07, shows multilevel DDD with spondyloysis at the L4-5 level. Mild stenosis was noted at the L4-5 and L5-S1 level and the anterior, posterior and lateral recess. Physical examination of the lumbar spine reveals range of motion is restricted. Kemp's test is positive on both sides. Straight leg raising test is positive on the right side. Patrick's test is positive on the right SI joint. Exam of the bilateral hips reveals SI joint pain. Treatments patients have tried are physical therapy, passive (heat, ultrasound, gentle massage), exercise and pool exercise. He states that medications are not effective. Little or no effect on ADLs. Patient's medications include Gabapentin, Tizanidine and Aleve. The patient's work status is not provided. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Treater does not discuss the request. In this case, radiculopathy is documented by physical examination in patient by positive straight leg raise test in progress report dated 03/10/15. Additionally, MRI of the lumbar spine, 08/28/07, shows multilevel DDD with spondyloysis at the L4-5 level. Mild stenosis was noted at the L4-5 and L5-S1 level and the anterior, posterior and lateral recess. It appears the patient meets the requirement for a Caudal Epidural Steroid Injection. However, per RFA dated 03/30/15, the treater is requesting 2 injections, "Cauda Injections 1 every 2 weeks for total of 2." MTUS guidelines recommend repeat blocks with documented pain and functional improvement for six to eight weeks. Therefore, 2 injections every 2 weeks does not meet MTUS guidelines. The request is not medically necessary.

### **Intrathecal pain pump trial: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter. Intrathecal pumps.

**Decision rationale:** The patient presents with back, upper and lower extremities pain rated 10/10. The request is for Intrathecal Pain Pump Trial. The request for authorization is dated 03/30/15. MRI of the lumbar spine, 08/28/07, shows multilevel DDD with spondylosis at the L4-5 level. Mild stenosis was noted at the L4-5 and L5-S1 level and the anterior, posterior and lateral recess. Physical examination of the lumbar spine reveals range of motion is restricted. Kemp's test is positive on both sides. Straight leg raising test is positive on the right side. Patrick's test is positive on the right SI joint. Exam of the bilateral hips reveals SI joint pain. Treatments patients have tried are physical therapy, passive (heat, ultrasound, gentle massage), exercise and pool exercise. He states that medications are not effective. Little or no effect on ADLs. Patient's medications include Gabapentin, Tizanidine and Aleve. The patient's work status is not provided. ODG Guidelines has the following in the pain section, which states, "Recommended only as an end-stage treatment alternative for selected patients for specific conditions after failure of at least 6 months of less invasive methods and following a successful temporary trial. Indications for implantable drug delivery system when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met: 1) Documentation in the medical records of failure of 6 months of other conservative treatment modalities, 2) Intractable pain secondary to a disease state with objective documentation of pathology, 3) Further surgical intervention or other treatment is not indicated, 4) Psychological lab evaluation had been obtained, 5) No contraindications to implantation, and 6) A temporary trial of spinal epidural or intrathecal opiates have been successful prior to permanent implantation with at least 50% to 70% reduction in pain." Treater does not discuss the request. In this case, it appears the patient has failed medications and other conservative treatments. However, per progress report dated 03/10/15, treater notes "After reviewing the treatments listed above the patient prefers to hold off on any procedure at this time." The patient meets some but not all of the ODG criteria for an IT pain pump trial. Therefore, the request is not medically necessary.