

Case Number:	CM15-0094202		
Date Assigned:	05/20/2015	Date of Injury:	11/04/2011
Decision Date:	07/03/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 old female, who sustained an industrial injury on 11/04/2011. She reported a slip and fall, with several subsequent pain syndromes, including neck and back pain. The injured worker was diagnosed as having cervical facet syndrome, cervical postlaminectomy syndrome, cervical radiculopathy, degenerative disc disease, degenerative joint disease, lumbar facet syndrome, greater trochanter bursitis, knee pain, low back pain, lumbar radiculopathy, myofascial pain syndrome, neck pain, occipital neuralgia, and sacroiliitis. Treatment to date has included diagnostics, radiofrequency ablation of the lumbar spine, diagnostic lumbar medial branch blocks, cervical fusion 9/2012, physical therapy, right knee arthroscopic surgery in 5/2012, left knee arthroscopic surgery in 8/2014, corticosteroid injections, Synvisc injections, and medications. Currently, the injured worker complains of cervical pain radiating to the right shoulder, low back pain radiating to the right hip, buttocks, and groin area, and bilateral knee pain. Magnetic resonance imaging of the cervical spine (5/17/2012) was documented as showing disc disorders at C4-5 and C5-6, associated with annular fissures, a 6mm right C8 root sleeve diverticulum, and no definite compression of neural structures of the cervical region. Electromyogram and nerve conduction studies of the right upper and lower extremities (4/10/2012) were documented as consistent with distal sensory external polyneuropathy and mild to moderate acute denervation of the right C6 and right L5-S1 distributions. Low back pain was rated on average 5/10. Neck pain was rated on average 3/10. Bilateral knee pain was not rated. Medications included Norco, Percocet, and Alprazolam. It was also noted that she had failed Cymbalta. She was able to lift hands above

head and shoulders, bend and stoop (but cannot crawl), push, pull, or carry (approximately 5 pounds), walk 5 blocks, and occasionally used a cane at home. Physical exam noted ambulation without a device. Exam of the cervical spine noted decreased range of motion, positive cervical facet pain, right greater than left, and positive occipital nerve pain bilaterally upon palpation. Exam of the lumbar spine noted decreased range of motion, tenderness to palpation in the right sacroiliac region, right greater trochanteric bursa, and bilateral calves, positive FABERE test, positive Gaenslen test, and lumbar facet pain upon palpation, right greater than left. Motor tests were documented as 4/5 to 5/5. Sensation was decreased to the right forearm. The treatment plan included computerized tomography with myelogram of the cervical and lumbar spines, bilateral occipital nerve blocks, right side facet injections (C4-5, C5-6, and C6-7), right transforaminal epidural steroid injection (L3-4), and right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI joint injection fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Sacroiliac Joint.

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 - sacroiliac joint injection.

Decision rationale: Ca MTUS is silent on this topic. The ODG guidelines cited above state this procedure is "not recommended except as a last resort for chronic or severe sacroiliac joint pain." Further guidelines review criteria for the use of sacroiliac blocks. These guidelines include a requirement for a minimum of 3 positive exam findings to include: "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)." In addition, criteria requires failure of 4-6 weeks of aggressive conservative therapy, home exercise and medication management. The IW in this case does not have documented any examination findings revealing these physical findings. The IW has had symptoms for an extended period of time, but submitted documentation does not support conservative treatment to the sacroiliac area. Without this supporting documentation, the request for right SI joint injection with fluoroscopy is not medically necessary.

Right TF LESI L3, L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

Decision rationale: CA MTUS recommends epidural injections when a patient has symptoms, physical examination findings, and radiographic or electrodiagnostic evidence to support a radiculopathy. In this case, the radiographic findings do not show findings supportive of radiculopathy such as nerve root impingement. There are no electrodiagnostic studies included in the chart material. In addition, physical examination does not document any radiculopathy. Without these items, the request for epidural steroid injection is not medically necessary.

Bilateral Occipital Nerve Block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nerve Blocks Page(s): 55.

Decision rationale: Ca MTUS guidelines state that nerve blocks are "Not recommended, except as indicated below when other treatments are contraindicated." Submitted material does not support the IW had occipital nerve pain. The chart material does indicate pain in the occipital region, but there is insufficient evidence that this pain is related to nerve involvement and some other process such as musculoskeletal strain. There is no documentation of new injury to explain pain. There are no nerve studies to support a nerve origin. Without this documentation and the lack of supporting recommendations, the request for an occipital nerve block is not medically necessary.

Right Cervical Facet Injection C5-6, C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Back: Facet joint injections.

Decision rationale: Ca MTUS is silent on this topic. ODG guidelines cited above recommend facet injections as a diagnostic study if facet neurotomy is planned. There is no documentation in the submitted chart material to support that a neurotomy is planned for this patient. Alternatively, facet injections with steroids are sometimes employed for therapeutic purposes. The ODG guidelines do not recommend this procedure citing the lack of quality studies to support this use. The chart does not include the states purpose or intentions of this procedure. Without this, the request for cervical facet injections is not medically necessary.

CT Myelogram Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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: myelography.

Decision rationale: Ca MTUS is silent on this topic. According to ODG guidelines, myelography is recommended for specific criteria. These criteria include diagnosis of cerebrospinal fluid leak, surgical planning, diagnostic evaluation of spinal or basal cistern disease and poor correlation of physical findings with MRI studies. There is no documentation in the submitted material that the IW is being evaluated for a surgical procedure. There is no recent MRI studies included in the record or discussion of physical exam findings related to previous MRI imaging. Without the supporting documentation, a myelogram is not indicated and therefore not medically necessary.

CT Myelogram Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back: myelography.

Decision rationale: Ca MTUS is silent on this topic. According to ODG guidelines, myelography is recommended for specific criteria. These criteria include diagnosis of cerebrospinal fluid leak, surgical planning, diagnostic evaluation of spinal or basal cistern disease and poor correlation of physical findings with MRI studies. There is no documentation in the submitted material that the IW is being evaluated for a surgical procedure. There is no recent MRI studies included in the record or discussion of physical exam findings related to previous MRI imaging. Without the supporting documentation, a myelogram is not indicated and therefore not medically necessary.