



## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40-year-old individual who had an injury on 3-16 -2001. The patient has complaints of continuous music back and lower back pain. The patient has bilateral sacroiliac pain increasing at night with radiation to the lumbar spine and buttocks. Medication includes Naprosyn, baclofen, lyrica Prilosec and requip. The patient has undergone a 3 level lumbar fusion, needs assistance with ADLs (Activities of Daily Living) such as bathing and ambulation. The patient has completed a drug rehabilitation program for opioid dependence.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Bilateral SI joint injections with fluoroscopy is medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Hip and Pelvis-Sacroiliac joint blocks, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Hip Chapter, which is not a part of the MTUS.

The Physician Reviewer's decision rationale:

A review of the records indicates that this employee has complaints of continuous music back and lower back pain. Noted is bilateral sacroiliac pain increasing at night with radiation to the lumbar spine and buttocks. Medication includes Naprosyn, baclofen, lyrica Prilosec and requip. The employee has undergone a 3 level lumbar fusion, needs assistance with ADLs such as bathing and ambulation and has completed a drug rehabilitation program for opioid dependence.

CA MTUS and ACOEM do not discuss SI joint injections. Therefore other guides were referenced. ODG states that SI joint injection with guidance should be used after conservative therapy has failed. The employee continues to have shooting pain from the SI joints despite medications and other therapy which meets guideline criteria.

**2. Physical therapy for the lumbar spine and bilateral sacroiliac, 2 times a week for 4 weeks is medically necessary and appropriate.**

The Claims Administrator based its decision on the the Chronic Pain Medical Treatment Guidelines, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pg. 99, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Chronic Pain discusses physical medicine. It recommends 9-10 visits over 8 weeks are appropriate. This request is for 8 visits. The employee should have fading therapy, 3 times a week, to once a week and progression to home exercise programs. A review of the records indicates that there is no documentation the employee has had any recent PT other than chiropractic care which the employee states was helpful.

**3. Pain management follow-up visit is medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM Occupational Practice Guidelines, 2nd Edition (2004), page 127, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) and pg. 127, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS does not discuss follow-up visits. ACOEM states that a practitioner may refer to other specialists when the course of care may benefit from additional expertise. A review of the records indicates that this employee has already had a consult with pain management. This employee has a complex history, including opioid dependence. Additional expertise in the plan of care of this employee would be appropriate.

**4. Baclofen 50mg is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 64, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, antispastic, page 64, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Chronic Pain addresses baclofen and antispasmodics. A review of the records indicates that this employee has no signs of spasm or symptoms of spasm. In addition, MTUS

states that baclofen is for centrally mediated spasm. There is no evidence of centrally mediated spasm.

**5. Lyrica 150mg is medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, page 19, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Lyrica, pg. 19 of 127, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS Chronic Pain guidelines discuss the use of anti epileptics for neuropathic pain. A review of the records indicates that the claims administrator accepted the request for lyrica but modified the number certified. There was no specific request for duration of treatment from the primary treating physician. The employee demonstrates the need for treatment of neuropathic pain in regards to the SI pain. There is no documentation of prior use of lyrica. The employee demonstrates neuropathic pain.

**6. Prilosec 20mg is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pages 68–69, which is a part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs and PPI, pg. 68 of 127, which is a part of the MTUS.

The Physician Reviewer's decision rationale:

CA MTUS chronic pain guidelines state that PPI (Proton Pump Inhibitors) are indicated in patients with risk of gastrointestinal events. The risk factors include (1) age > 65 years; (2) history of peptic ulcer, GI (GastroIntestinal) bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (Non-Steroidal Anti-Inflammatory Drugs). A review of the records indicates that the employee does not meet any of these criteria. There is no indication that the employee is at risk of gastric ulcer or irritation and there is no specific indication of where the GI irritation is located.

**7. Requip 0.5mg is not medically necessary and appropriate.**

The Claims Administrator based its decision on the <http://www.ncbi.nlm.nih.gov/pubmed/9918357>, which is not a part of the MTUS.

The Expert Reviewer based his/her decision on the medical records of the employee's pain management physician.

The Physician Reviewer's decision rationale:

CA MTUS and ACOEM do not address Requip for restless leg syndrome (RLS). The patient's pain management consult of 9/4/2013, stated that requip is inappropriate at this time as it has not helped the patients RLS.

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