

<b>Case Number:</b>	CM13-0015900		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	11/08/2002
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Anesthesiologist, has a subspecialty in Pain 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 Patient is a 52 year old female who reported an injury on 11/08/2002. The mechanism of injury was a fall. She was diagnosed at that time with severe low back pain and sciatica. She had unsuccessful physical therapy and medication use, and then received two epidural steroid injections with good relief. She then underwent an anterior/posterior lumbar fusion from L4-S1 in 2006 with removal of hardware in 2008. Her pain was controlled until a flare up in 2010. At this time the patient underwent right sided medial branch blocks to S1 and L3 with 75% reported reduction in pain. The patient has continued complaints of low back pain and right sciatic pain. She more recently received a right SI injection on 06/10/2013 with a 50% relief in low back and right leg pain as documented in the 06/20/2013 note, until 07/4/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lisinopril 20mg, twice a day:** 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), Diabetes, Hypertension treatment

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS/ACOEM guidelines did not address the use of anti-hypertensive; therefore the Official Disability Guidelines were supplemented. ODG guidelines recommend anti-hypertensive as a second-line treatment to achieve targets that were unresponsive to lifestyle changes alone. While on medications to manage hypertension, the patient should also be using dietary and physical modifications to help control their blood pressure. There is no documentation to indicate that the patient has made any such modifications. Also, there was no evidence as to how long she has been taking this medication and how well she is responding to it. The records included for review have documentation suggesting she continues to be quite hypertensive. The last two clinical notes show pressures of 176/108, 217/119, and 202/110 with no retake or referral to an emergency room or cardiologist. As such, the request for Lisinopril 20mg twice daily is non-certified.

**Prozac 40mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS/ACOEM states that brief courses of anti-depressants may help to alleviate symptoms, but it is recommended to refer the patient to a specialist for medication management as well as for stress management techniques. There is no documentation provided in the medical records as to how long the patient has been taking this medication or as to any mental health care referrals being done during the course of its use. There is also no diagnosis of depression. If her depression is in fact due to her injury, it would be beneficial for her to receive adjunctive psychological care in dealing with the lasting effects. As such, the request for Prozac 40mg is non-certified.

**Propranolol 20mg, twice a day:** 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), Diabetes, Hypertension.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS/ACOEM guidelines did not address the use of anti-hypertensive; therefore, the Official Disability Guidelines were supplemented. The last clinical note available for review stated that the patient was no longer taking the propranolol due to adverse reactions of a rash and difficulty breathing. The note also indicates that it was discontinued and the patient was started on

metoprolol. Due to this information, the request for propranolol 20mg twice daily is non-certified.

**Sacroiliac joint radio frequency procedure:** 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), Hip & Pelvis, Sacroiliac Joint radio frequency neurotomy.

**Decision rationale:** The Physician Reviewer's decision rationale: The California MTUS/ACOEM states that there is not enough evidence to support radiofrequency procedures in the lumbar region, but did not address the sacroiliac region. Therefore, the Official Disability Guidelines were supplemented. ODG guidelines do not recommend radiofrequency procedures in the sacroiliac joints. As such, the request for a right sacroiliac joint radiofrequency procedure is non-certified.