

Case Number:	CM13-0022587		
Date Assigned:	11/13/2013	Date of Injury:	12/08/1999
Decision Date:	01/24/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/10/2013

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 Orthopedic Surgery 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 claimant is a 53-year-old female who was injured in work related accident on 12/08/99. A September 4, 2013 record documented that she was status post anterior cervical discectomy and fusion with continued complaints at the left SI joint. He states for her SI joint discomfort she has failed oral medication. Physical examination showed a positive Fortin finger test, positive Gaenslen and positive compression. Clinical imaging was reviewed at that date of the cervical spine; there was no indication of lumbar imaging. She was diagnosed with left sacroiliitis and a left SI joint injection was recommended. Records do not indicate prior diagnosis of sacroiliac joint dysfunction or prior injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac (SI) joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Edition(web), 2013, Hip and Pelvis Chapter, Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Comp. 18th Edition, 2013, Updates: Hip Procedure, Sacroiliac Joint Blocks.

Decision rationale: California MTUS Guidelines are silent, when looking at Official Disability Guidelines; sacroiliac blocks are recommended as an option if "failure of at least four to six weeks of aggressive conservative therapy is indicated". It is also indicated if "history and physical examination should suggest a diagnosis with documentation of at least three positive findings". The claimant's recent progress report indicates a course of failed conservative care with three plus positive findings of sacroiliac joint dysfunction. Clinical records did not indicate prior injection and given the findings on examination a left SI joint injection would appear to be medically necessary.

Mobic 15mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Osteoarthritis (including knee and hip), Back Pa.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, prescription for Mobic would also be supported. The role of antiinflammatory agents in this case with current diagnosis of sacroiliitis and ongoing symptomatic findings would appear to be medically necessary based on current symptoms and continued musculoskeletal complaints.

Physical Therapy 4x6 =24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, 24 sessions of formal physical therapy would not be supported. In regard to physical therapy in the chronic setting, Guideline criteria would recommend the role up of to "8 to 9 visits over 8 weeks" for unspecified myalgias and myositis. Given the claimant's ongoing clinical symptoms, the role of 24 sessions of therapy would exceed Guideline criteria for the chronic pain setting for physical therapy sessions. The specific request would not be indicated.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & Cardiovascular Risk..

Decision rationale: Based on California MTUS Guidelines, the continued role of the Prilosec in this case would not be supported. Prilosec, a GI proton pump inhibitor, would only be indicated

per clinical guidelines if the claimant is at risk for gastrointestinal event. Risk factors would include age greater than 65, history of peptic ulcer, GI bleeding, or perforation, concordant use of aspirin, corticosteroids, or anticoagulants, or high dose multiple nonsteroidal usage. The claimant's clinical records do not support any of these clinical risk factors. This specific request for Prilosec in this 54-year-old individual would not be supported.

Routine Urinary Toxicology Screen:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen.

Decision rationale: Based on California MTUS Guidelines, the routine urine drug screen would be supported. The clinical records do not indicate recent urine drug screen in this claimant who has continued to utilize medications. The use of urine drug screens to define serious substance misuse in a multidisciplinary pain program would appear to be medically necessary on a routine basis.