MAXIMUS Federal Services

Case Number:	CM13-0024299		
Date Assigned:	09/12/2014	Date of Injury:	03/16/2006
Decision Date:	10/10/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/13/2013

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. The expert reviewer is Board Certified in Family 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 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/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 45-year-old female who has submitted a claim for lumbar spine multiple disc herniation and left L4-5 radiculopathy associated with an industrial injury date of 03/16/2006.Medical records from 03/28/2013 to 07/11/2013 were reviewed and showed that patient complained of low back pain graded 6-8/10 with occasional radiation down left lower extremity. Physical examination revealed tenderness to palpation over right SI joint, decreased lumbar range of motion (ROM), hypoesthesia along L5 dermatomal distribution, weakness of right tibialis anterior, extensor hallucis longus, and plantar flexor, positive FABER's sign on the right, and positive Gaenslen's test on the right. MRI of the lumbar spine dated 08/09/2011 revealed L4-5 and L5-S1 degenerative disc disease and L4-5 neural foraminal narrowing.Treatment to date has included chiropractic care, right sacroiliac injection (date unavailable), lumbar Epidural Steroid Injection (ESI) (date unavailable), oral pain medications, and Medrox patches (unspecified quantity; prescribed 04/09/2013). Of note, the right sacroiliac joint injection provided 50% pain relief for an unspecified duration. Lumbar ESI reduced back and left leg pain by 60% for an unspecified duration. There was noted analgesia with pain medications. There was no documentation of functional outcome with Medrox patches use.Utilization review dated 08/21/2013 denied the request for 2nd right SI joint injection because the guidelines criteria have not been met. Utilization review dated 08/21/2013 denied the request for MRI of L spine because there was no evidence of severe and/or progressive neurologic deterioration. Utilization review dated 08/21/2013 denied the request for Medrox patches because there was insufficient evidence concerning safety and efficacy of requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND RIGHT SI JOINT INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac Joint blocks

Decision rationale: According to page 309 of the ACOEM Guidelines referenced by CA MTUS, sacroiliac joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines criteria for SI joint injections include: clinical sacroiliac joint dysfunction; failure of at least 4-6 weeks of aggressive conservative therapy; history and physical exam should suggest the diagnosis (with documentation of at least 3 positive exam findings); and 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. In this case, the patient had a previous right sacroiliac joint injection (date unavailable). There was documentation of 50% pain relief for unspecified duration. However, the guidelines recommend repeat blocks only when the initial block provides >70% pain relief for at least 6 weeks. Furthermore, physical findings only include 2 positive findings - positive FABER and Gaenslen's tests. The guidelines require at least 3 positive exam findings to support sacroiliac injection. Moreover, there was documentation of response to conservative treatment. Therefore, the request for second right SI joint injection is not medically necessary.

MRI OF L SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complained of low back pain with occasional radiation down the left leg. Physical exam findings include hypesthesia along L5 dermatomal distribution and weakness of right tibialis anterior, extensor hallucis longus, and plantar flexor. However, a previous MRI was already done on 08/09/2011, which did not reveal

specific nerve compromise. There was no discussion as to why a repeat MRI was needed. Furthermore, there was no documentation of failure of conservative treatment to warrant MRI. The medical necessity cannot be established due to insufficient information. Therefore, the request for MRI of lower spine is not medically necessary.

MEDROX PATCHES: 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 Salicylate topicals; Topical Analgesics Page(s): 105, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Salicylates, Topical

Decision rationale: Medrox patches contain: 0.0375% Capsaicin; 5% Menthol; and 5% Methyl salicylate. California MTUS Chronic Pain Medical Treatment Guidelines states that there are no current indications for Capsaicin formulation of 0.0375% as an increase over a 0.025% formulation would provide any further efficacy. ODG Pain Chapter also states that topical pain relievers that contain: Menthol, Methyl Salicylate, and Capsaicin, may in rare instances cause serious burns; page 105 of CA MTUS states that Salicylate topical is significantly better than placebo in chronic pain. In this case, the patient was prescribed Medrox patches (unspecified quantity) since 04/09/2013. However, there was no documentation of functional improvement with Medrox patches use. Moreover, the Capsaicin formulation content of Medrox patch exceeds guidelines recommendation. The request likewise failed to specify the quantity of Medrox patches to be dispensed. Therefore, the request for Medrox patches is not medically necessary.