

Case Number:	CM13-0028160		
Date Assigned:	11/22/2013	Date of Injury:	06/03/2003
Decision Date:	02/21/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 53-year-old female who reported an injury on 06/03/2005. The patient is currently diagnosed with L4 through S1 disc degeneration, L4-S1 stenosis, lower extremity radiculopathy, C6-7 disc displacement, ventral hernias, C6-7 pseudarthrosis, status post L4 through S1 anterior and posterior fusion, status post C6-7 ACDF and C6-7 PSIF. The patient was seen by [REDACTED] on 09/26/2013. The patient reported 9-10/10 pain. Physical examination revealed significant tenderness of the paravertebral muscles, lumbosacral junction, and bilateral SI joints, decreased sensation on the bilateral SI more than L5 dermatomes, decreased range of motion, 2+ deep tendon reflexes, 5/5 motor strength in the bilateral lower extremities, positive straight leg raising on the left, and positive Fortin's sign, pelvic compression and Gaenslen's sign. Treatment reports included a CT myelogram of the lumbar spine, a pain management consultation, bilateral SI joint injections, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical notes submitted, a pain management consultation was recommended for bilateral sacroiliac joint blocks. However, there is no documentation of significant musculoskeletal disorder. There is also no indication of a recent failure to respond to conservative treatment. Based on the clinical information received, the request is non-certified.

Bilateral sacroiliac joint blocks with arthrogram: 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): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques such as local injections are of questionable merit. Official Disability Guidelines state prior to a sacroiliac joint block there should be documentation of a failure to respond to at least 4 to 6 weeks of aggressive conservative therapy. Blocks are performed under fluoroscopy and there should be a diagnosis consistent with at least 3 positive examination findings. There is no documentation of a failure to respond to at least 4 to 6 weeks of recent aggressive conservative therapy including physical therapy, home exercise, and medication management. The patient does present with radicular complaints and there is no evidence of an exclusion of any other possible pain generators. Based on the clinical information received, the request is non-certified.

MS Contin: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the clinical notes submitted, there is no documentation of a failure to respond to non opioid analgesics prior to initiation of an opioid medication. The patient has continuously utilized opioid medication. Despite the ongoing use, the patient continues to report high levels of pain. Satisfactory

response to treatment has not been indicated. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Percocet 10/325 mg: 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 Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non opioid analgesics. Baseline pain and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. As per the clinical notes submitted, there is no documentation of a failure to respond to non opioid analgesics prior to initiation of an opioid medication. The patient has continuously utilized opioid medication. Despite the ongoing use, the patient continues to report high levels of pain. Satisfactory response to treatment has not been indicated. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.