MAXIMUS Federal Services

Case Number:	CM13-0056539		
Date Assigned:	12/30/2013	Date of Injury:	11/24/2010
Decision Date:	04/09/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/22/2013

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, has a subspecialty in Interventional Spine, 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:

This is a 58-year-old female who was injured on 11/24/10. She has been diagnosed with degenerative joint disease (DJD) of the right hip. According to the 10/22/13 report from the provider, the patient presents with low back pain, right hip and right leg pain. She is doing poorly secondary to the pain in the hip, and has been unable to see the physician for a hip evaluation. She is reported to be unable to climb stairs and has been using the walker in the evenings. On exam, she was tender at the right trochanter, sacroiliac (SI) joint and piriformis. The patient limps favoring the right hip and uses a cane for support. The plan was to do a right "triple block" for pain relief until she can get in to see the physician for the hip evaluation. On 11/1/13, utilization review denied the right SI joint injection, the right trochanteric injection and the piriformis injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SACROILIAC JOINT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: ccording to the 10/22/13 report from the provider, the patient presents with low back pain, right hip and right leg pain. On exam, the patient was tender at the right trochanter, sacroiliac (SI) joint and piriformis. The patient limps favoring the right hip and uses a cane for support. The Official Disability Guidelines (ODG) indicate that for SI blocks "the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above)." The exam findings listed by ODG include:" Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." The 10/22/13 report from [redacted] does not list any of the physical exam tests for SI joint dysfunction. The request for the SI block is not in accordance with ODG guidelines.

TROCHANTER 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: his is a 58-year-old female who was injured on 11/24/10. The patient has been diagnosed with degenerative joint disease (DJD) of the right hip. According to the 10/22/13 report from the provider, the patient presents with low back pain, right hip and right leg pain. She is doing poorly secondary to the pain in the hip, and has been unable to see the physician for a hip evaluation. She is reported to be unable to climb stairs and has been using the walker in the evenings. On exam, the patient was tender at the right trochanter, sacroiliac (SI) joint and piriformis. The Official Disability Guidelines (ODG) support trochanteric bursa injections, and states the bursitis is associated with hip pain. The request appears to be in accordance with ODG guidelines.

PIRIFORMIS 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This is a 58-year-old female who was injured on 11/24/10. The patient has been diagnosed with degenerative joint disease (DJD) of the right hip. According to the 10/22/13 report from the provider, the patient presents with low back pain, right hip and right leg

pain. She is doing poorly secondary to the pain in the hip, and has been unable to see the physician for a hip evaluation. She is reported to be unable to climb stairs and has been using the walker in the evenings. On exam, the patient was tender at the right trochanter, sacroiliac (SI) joint and piriformis. The Official Disability Guidelines (ODG) recommend piriformis injections after a 1-month physical therapy trail. The records show the patient has physical therapy (PT) from 3/8/13-3/28/13. The requested piriformis injection appears to be in accordance with ODG guidelines.

NORCO 10/325MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88-89.

Decision rationale: According to the 10/22/13 report from the provider, the patient presents with low back pain, right hip and right leg pain. She is doing poorly secondary to the pain in the hip, and has been unable to see the physician for a hip evaluation. She is reported to be unable to climb stairs and has been using the walker in the evenings. The records show the patient has been using the medications since the earliest available report, 1/23/13. The patient's pain level ranges from 6-7/10, and she was reported to take Norco for pain, and Prozac for depression. There were no side effects with these two medications, and they were reported to make her symptoms manageable and allow her to remain active and functional. The patient was using ibuprofen, but discontinued due to stomach upset. The patient has been using Norco for over 6-months, so the MTUS "Long-term Users of Opioids (6-months or more)" section applies. The MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" and under strategy for maintenance, first statement is "Do not attempt to lower the dose if it is working." The physician had reported a satisfactory response to Norco, although some of the more recent reports do not discuss medication efficacy. The request appears to be in accordance with MTUS guidelines.

PROZAC 20MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: ccording to the 10/22/13 report from the provider, the patient presents with low back pain, right hip and right leg pain. The patient is doing poorly secondary to the pain in the hip, and has been unable to see the physician for a hip evaluation. She is reported to be unable to climb stairs and has been using the walker in the evenings. The records show the patient had been using Prozac for depression since the 1/23/13 report. The MTUS guidelines states antidepressants are: "recommended as a first line option for neuropathic pain, and as a

possibility for non-neuropathic pain." Although, in this case, the physician states it was for depression. The MTUS for the selective serotonin re-uptake inhibitors (SSRIs) states "it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." The use of Prozac appears to be in accordance with MTUS guidelines.