

Case Number:	CM13-0060596		
Date Assigned:	12/30/2013	Date of Injury:	04/28/2008
Decision Date:	05/12/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/28/08. A utilization review determination dated 11/22/13 recommends non-certification of bilateral SI joint injection and left piriformis injection. Flexeril was modified from #90 to #30. 11/15/13 medical report identifies low back and left leg pain. She was pain free for 2 weeks after the last sacro-iliac (SI) joint and left piriformis injection, but pain has returned. She stopped taking her long-acting medications and continues to take Flexeril and Norco, which are helpful with pain relief and she is able to sit for longer periods of time with these medications and go for walks. Pain is in the low back, left buttock and leg, and burning in the left posterior thigh. On exam, SI joints are tender L>R, left gluteal and piriformis tender to palpation, positive Patrick's sign and Gaenslen's maneuver bilaterally, minimal tenderness over the paraspinals, increased pain with flexion, Straight Leg Raise positive on the right. Patient had 100% relief after prior injections for 2 weeks, with 50% pain relief for 2 months. She was able to walk more and even tried jogging.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SI JOINT INJECTION AND LEFT PIRIFORMIS INJECTION UNDER FLUOROSCOPIC GUIDANCE AND CONSCIOUS SEDATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/TREATMENT IN WORKERS COMPENSATION/HIP

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HIP AND PELVIS CHAPTER, SACROILIAC BLOCKS AND PIRIFORMIS INJECTIONS

Decision rationale: Regarding the request for Bilateral SI Joint Injection and Left Piriformis Injection under Fluoroscopic Guidance and Conscious Sedation, California MTUS does not address the issue. ODG cites that, for SI joint injections, if steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. Both types of injections are supported only after failure of an aggressive course of physical therapy (PT). Within the documentation available for review, there is documentation of 100% relief for 2 weeks and 50% for 6 weeks after prior injection. However, there is no documentation of at least 70% relief for at least 6 weeks as recommended by ODG. Furthermore, there is no documentation of failure of a course of aggressive PT prior to injections or a clear rationale for the concurrent use of both injections, as this can make it difficult or impossible to determine which (if any) injection(s) is/are providing benefit to the patient. In light of the above issues, the currently requested Bilateral Si Joint Injection and Left Piriformis Injection under Fluoroscopic Guidance and Conscious Sedation are not medically necessary.

FLEXERIL 10MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Flexeril, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.