

Case Number:	CM13-0064178		
Date Assigned:	01/15/2014	Date of Injury:	07/21/2003
Decision Date:	05/07/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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 case involves a 54-year-old gentleman who was injured in a work-related accident on 07/21/03. The records indicate chronic injury to the low back, with radiating buttock pain. The most recent clinical record reviewed from December 23, 2013, with [REDACTED] indicates continued low back pain with radiating pain to the right lower extremity, left greater than right, with moderate stiffness. There is noted to be no significant benefit since the recent assessment. Objectively, there was noted to be positive straight leg raise, with paraspinal muscle tenderness, restricted range of motion and diminished sensation to the lumbar spine. The claimant was diagnosed with a lumbosacral strain, facet arthropathy, lumbar radiculitis, and insomnia. The recommendations at that time was for continued use of Norco, as well as two (2) left-sided sacroiliac joint injections to be performed three to five (3-5) weeks apart.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

Decision rationale: The Chronic Pain Guidelines do not support the continued role of narcotic analgesics. The guideline criteria indicated discontinuation of narcotic analgesics without documentation of improvement, benefit or progression of activities. The records in this case indicated that the claimant has been "status quo" for over a year. There would be no acute need for the continued use of this agent on the lack of benefit documented.

TWO (2) LEFT SACROILIAC JOINT INJECTIONS THREE TO FIVE (3-5) WEEKS APART: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HIP & PELVIS (ACUTE & CHRONIC).

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: The Official Disability Guidelines indicate that sacroiliac (SI) joint injections in this case would not be recommended. The employee's clinical picture is inconsistent with SI joint dysfunction, negating the need for any form of injection procedure. Furthermore, the role of repeat injections is only indicated if functional response is demonstrated. The need for multiple SI joint injections in one (1) setting would not be indicated.