MAXIMUS Federal Services

Case Number:	CM13-0066802		
Date Assigned:	01/03/2014	Date of Injury:	07/26/1994
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/17/2013

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 & Rehabilitation;and is licensed to practice in Illinois. 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 57-year-old male who reported injury on 07/26/1994. The mechanism of injury was noted to be the patient was hit by a crane from behind and knocked off a building 30 feet to the ground. The patient's diagnoses include thoracic or lumbosacral neuritis or radiculitis unspecified and other postsurgical status. The patient's medication history included Norco as of 2012. The documentation of 10/01/2013 revealed that the patient had a total left hip replacement in 2012 and had pain and discomfort in the right hip. The patient complained of continuous low back and buttock pain with burning in the right posterior thigh. The patient complained of daily and continuous right hip pain, which varied in intensity. The physical examination revealed the patient had tenderness to palpation over the lumbosacral junction with evidence of tenderness over the sacroiliac joints, right greater than left, and tenderness over the right greater trochanter. The patient's range of motion was noted to be decreased. The patient was noted to have absent reflexes in bilateral knees and ankles. The patient was noted to have an MRI on 05/31/2013, which revealed the patient had severe metallic artifact L3-S1 due to pedicle screws from L2-5 and the L5-S1 discs appeared normal. The plan included a CT myelogram as it was indicated the MRI was not helpful due to severe metallic artifact blurring the L5-S1 region. It was further indicated that the physician opined the need for a CT scan to include the SI joints as there was significant SI joint dysfunction and posterior thigh radiculopathy. It was further stated the physician would determine whether a facet block at L5-S1 versus a right SI joint block with arthrogram would be indicated, or whether a hardware block of L2-5 should be performed in an attempt to identify the pain generator or pain generators. The recommendations were for a CT myelogram, AP, lateral, flexion, and extension x-rays of the lumbar spine, and a pain management consult and medication management. Documentation of 10/17/2013, Letter of Medical Necessity, indicated that the physician opined that the myelogram would provide

important information regarding stenosis that may not be normally visualized in a standard CT. It was stated that, if pseudoarthrosis was a problem, it would be an indication for surgery. The documentation dated 10/29/2013 revealed the patient had tenderness over the sacroiliac joint, right greater than left, and tenderness over the greater trochanter. The request was made for a refill of Norco and the CT myelogram of the lumbar spine and bilateral SI joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ACOEM Guidelines, Occupational Medical Practice Gudieliens, 2nd dition (2004)

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

Decision rationale: Official Disability Guidelines indicate that myelography is not recommended except for selected indications, including when MR imaging cannot be performed or in addition to MRIs. They further indicate that the criteria for myelography and CT myelography include poor correlation of physical findings with MRI studies, and when the use of an MRI is precluded because of surgical hardware. The patient had an MRI in May of 2013. There were no specific myotomal or dermatomal findings upon examination to support the necessity for the CT myelogram. The clinical documentation submitted for review indicated the physician would like the CT myelogram due to the metallic artifact on the MRI scan. There was a lack of documentation indicating the patient had poor correlation of physical findings with the MRI study, and that the use of MRI was precluded because of surgical hardware. Given the above and the lack of documentation of exceptional factors, the request for CT Myelogram of lumbar spine is not medically necessary.

Bilateral SI joint injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Hip and Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, SI joint Injections

Decision rationale: Official Disability Guidelines recommend sacroiliac joint injections if the patient has failed at least 4 weeks to 6 weeks of aggressive conservative therapy, and the patient has a history and physical that suggests the diagnosis, including documentation of at least 3 positive examination findings listed, including a cranial shear test, extension test, flamingo test,

Fortin's finger test, Gaenslen's test, Gillette's test, Patrick's test, pelvic compression test, pelvis distraction test, pelvic rock test, resisted abduction test, sacroiliac shear test, standing flexion test, seated flexion test, and thigh thrust test. The diagnostic evaluation must first address any other possible pain generators. The clinical documentation submitted for review failed to indicate the patient had documentation of the above criteria. The request as submitted failed to indicate the quantity of injections being requested. Additionally, there was a lack of a PR-2 or DWC form RFA submitted requested the procedure. Given the above, the request for bilateral SI joint injections is not medically necessary.

Norco 10/325 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 60 78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. There was a lack of documentation of the above recommendations. Given the above, the request for Norco 10/325 mg #150 is not medically necessary.