

Case Number:	CM13-0069563		
Date Assigned:	01/03/2014	Date of Injury:	04/18/2008
Decision Date:	06/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/23/2013

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 & Rehabilitation and is licensed to practice in 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 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:

The injured worker is a 51 year old female injured on 04/18/08 while moving and lifting a piano resulting in low back pain. Current diagnoses included lumbago, occipital neuralgia, lumbar spondylosis, lumbar radiculopathy, fibromyalgia, narcotic dependence, sacroiliac joint dysfunction, and headache. Clinical note dated 01/06/14 indicated the patient presented with shooting pains down bilateral lower extremities described as constant and rated at 4/10. The patient was weaned off of morphine and was only taking Dilaudid for pain relief. The patient minimized the Dilaudid to approximately one per day with an extra Neurontin at night. Physical examination revealed no tenderness to palpation of the lumbar paraspinal musculature, tenderness to palpation bilateral sacroiliac joints, bilateral occipital areas, facet loading negative bilaterally, positive Patrick bilaterally, negative straight leg raise bilaterally, sensation normal to bilateral lower extremities, motor strength 5/5 to bilateral lower extremities, and deep tendon reflexes normal to bilateral lower extremities. Medications included alprazolam 0.5mg QD, Buspirone 15mg TID, Celebrex 200mg BID, Cymbalta 60mg QD, omeprazole 40mg QD, ranitidine 150mg BID, Dilaudid 2mg two to three QD, and gabapentin 300mg eight tablets QD. Treatments to date included medications, physical therapy, acupuncture, chiropractic care, massage, radiofrequency ablations, and three lumbar epidural steroid injections which provided six to eight months of relief. Previous request for outpatient series of three sacroiliac joint injections under fluoroscopic guidance and MS Contin 15mg was initially non-certified on 11/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT SERIES OF THREE (3) SACROILIAC INJECTIONS UNDER FLOUROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in current guidelines there should be evidence of a trial of aggressive conservative treatment, at least six weeks of comprehensive exercise program, local icing, mobilization/manipulation, and anti-inflammatories, as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to first sacroiliac joint block. If helpful, the blocks may be repeated; however, frequencies of these injections should be limited with attention placed on the comprehensive exercise program. A positive diagnostic response was recorded as 80% for the duration of the local anesthetic. If the first block was not positive, a second diagnostic block was not performed. If steroids were injected during the initial injection, the duration of pain relief should be at least six weeks with at least greater than 70% pain relief recorded for this period. The suggested frequency for repeat blocks was two months or longer between each injection provided that at least 70% pain relief was obtained for six weeks. Clinical documentation failed to provide a clear clinical presentation of at least three positive exam findings consistent with sacroiliac joint dysfunction. Additionally, approval of the additional injections prior to determination of the injection response would be preemptive and unnecessary. As such, the request for outpatient series of three sacroiliac joint injections under fluoroscopic guidance cannot be recommended as medically necessary at this time.

MS CONTIN 15 MG: Overturned

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 Opioids, Criteria For Use Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The clinical documentation clearly indicated the intent to taper the patient from MS Contin with the appropriate dosages during the weaning process. Additionally, subsequent documentation indicates a successful weaning process and the patient has benefitted from the absence of MS Contin. As such, the request for MS Contin 15mg during the previous weaning process is recommended as medically necessary.