MAXIMUS Federal Services

Case Number:	CM14-0003208		
Date Assigned:	01/31/2014	Date of Injury:	06/04/2003
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/09/2014

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 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:

Patient is an employee of [redacted] who has submitted a claim for low back pain associated with an industrial injury date of 6/4/2003. Treatment to date has included, exploration of the lumbar fusion with removal of the retained hardware done September 28, 2012, anterior and posterior lumbar decompression and fusion from L4-L5 in 2007, posterior lumbar decompression on 1/24/2011, extension of the fusion to include L3-L4 posterior decompression and instrumented fusion. Medications taken were Tylenol for pain control and Restoril for insomnia. Medical records from 2012-2013 were reviewed which revealed constant lower back pain which radiates to both buttocks and continues down to both of her legs and knees. This is associated with numbness and tingling in both of her legs and feet especially after sitting over twenty minutes. Physical examination of the lumbar spine showed 80 degrees of flexion, extension of 15 degrees, rotation of 35 degrees and lateral bending of 15 degrees. There is tenderness in the paraspinal muscles and sacroiliac joints. Deep tendon reflexes are trace at the ankles and knees. Motor strength demonstrated 5/5 without any neurological deficits. Straight leg raise is 90/90 in sitting. Flip, Cram, Lasegue and Fabere tests were all negative. Utilization review from 12/16/2013 denied the request of sacroiliac joint injection (quantity unknown) because history and physical exams were not suggestive of sacroiliac joint disease. Request for Norco 10/325mg (quantity unknown) was modified to Norco 10/325mg, #60. It was certified on as needed basis because it was consistent with the CA MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

SACROILIAC JOINT INJECTIONS (QUANTITY UNKNOWN): 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), Hip & Pelvis, Sacroiliac Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Section, Sacroiliac Joint Blocks

Decision rationale: As stated on page 309 of the ACOEM Low Back Complaints Guidelines referenced by CA MTUS, invasive techniques such as sacroiliac joint injections are of questionable merit. In addition, ODG states that SI joint injections are recommended as an option if evidence of at least 6 weeks trial of aggressive conservative therapy namely, exercise program, local icing manipulation and anti-inflammatories failed. Furthermore, the history and physical examination should suggest the diagnosis of sacroiliac injury by documenting at least 3 positive provocative examinations namely Cranial Shear Test, Extension Test, Flamingo Test, Fortin Finger Test, Gaenslens Test, Gillets Test (One Legged-Stork Test), Patricks 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 rationale given for this request is to determine if the sacroiliac joint is the source of pain. In this case, patient's records did not document if she underwent trial of aggressive conservative therapy. The most recent progress reports likewise showed negative results in provocative tests, which are needed to diagnose sacroiliac injury. Criteria for sacroiliac joint injection are not met. Moreover, the present request failed to specify the laterality for injection. Therefore, the request for sacroiliac joint injection is not medically necessary.

NORCO 10/325MG (QUANTITY UNKNOWN) DISPENSED ON 12/5/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids.   Page(s): 75.

Decision rationale: As stated on page 75 of the Chronic Pain Medical Treatment Guidelines, Norco is under short-acting opioids, which is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain. In this case, patient has only been taking Tylenol for years to control her pain, however, symptoms persisted. Hence, Norco was prescribed for breakthrough pain. However, current request did not indicate the quantity dispensed. Therefore, the request for Norco 10/325mg/tab is not medically necessary.