

Case Number:	CM14-0009258		
Date Assigned:	02/07/2014	Date of Injury:	05/10/2002
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine 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:

The patient is a 62-year-old female who has filed a claim for sacroiliitis associated with an industrial injury date of May 10, 2002. Review of progress notes reports continued total body pain, chronic fatigue, and problem sleeping. There is mild left sacroiliac joint sulcus tenderness, and positive left Patrick's test. Treatment to date has included NSAIDs, opioids, Therapentin, Gabapentin, Trepadone, rabano yodado, Lidocaine patches, topical tramadol, topical flurbiprofen, TENS, IF therapy, physical therapy, and left sacroiliac joint intraarticular steroid injections. Patient has had surgery to the cervical spine and to the left shoulder. Utilization review from January 17, 2014 denied the request for third palliative left SI joint injection under fluoroscopic guidance; and modified certification for Norco 10/325mg to #23. Treatment to date has included NSAIDs, opioids, Therapentin, Gabapentin, Trepadone, rabano yodado, Lidocaine patches, topical tramadol, topical flurbiprofen, TENS, IF therapy, physical therapy, and left sacroiliac joint intraarticular steroid injections. Patient has had surgery to the cervical spine and to the left shoulder. Utilization review from January 17, 2014 denied the request for third palliative left SI joint injection under fluoroscopic guidance; and modified certification for Norco 10/325mg to #23.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE THIRD PALLIATIVE LEFT SI JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 joint blocks

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction and failure of at least 4-6 weeks of aggressive conservative therapy. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings). The first block is not positive; a second block is not performed. 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. The suggested frequency or repeated blocks in two months or longer between each injection. In this case, the first sacroiliac joint injection was noted to be extremely helpful, and the second was noted to provide mild relief. There is no documentation regarding the objective amount and duration of pain relief derived from the first two blocks. Therefore, the request for one third palliative left SI joint injection under fluoroscopic guidance was not medically necessary per the guideline recommendations of ODG.

ONE PRESCRIPTION OF NORCO 10/325MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least March 2013. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. Also, there are no periodic urine drug screens to monitor proper medication use. Therefore, the request for Norco 10/325mg #60 was not medically necessary per the guideline recommendations of CA MTUS.