

Case Number:	CM14-0103278		
Date Assigned:	07/30/2014	Date of Injury:	06/03/2004
Decision Date:	10/02/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/03/2014

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 Nevada. 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 records presented for review indicate that this 54-year-old gentleman was reportedly injured on June 3, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 2, 2014, indicates that there are ongoing complaints of low back pain with intermittent radiation to the right leg. The physical examination demonstrated decreased range of motion of the lumbar spine with pain. There was no tenderness along the lumbar spine. There was a positive Faber's test, a positive sheer test, a positive lateral leg raise test, and tenderness to the PSIS bilaterally. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a decompression and fusion of L4 - L5 and L5 - S1. A request had been made for oxycodone 30 mg and a bilateral SI joint injection and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription of Oxycodone 30 MG Quantity 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: The California MT US Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for oxycodone 30 mg is not medically necessary.

Bilateral S1 Joint Block: 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, SI Joint Injections, Updated March 25, 2014.

Decision rationale: According to the Official Disability Guidelines sacroiliac joint blocks are recommended as an option after aggressive conservative therapy. The criteria for the use of sacroiliac blocks includes a history and physical that should suggest the diagnosis with documentation of at least three positive exam findings. The most recent progress note dated July 2, 2014, does not have three positive examination findings specific for the sacroiliac joint. As such, this request for bilateral SI joint blocks are not medically necessary.