

<b>Case Number:</b>	CM14-0019153		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 55-year-old male who has submitted a claim for lumbar radiculopathy status post fusion and decompression associated with an industrial injury date of July 22, 2009. Medical records from 2013-2014 were reviewed, the latest of which dated March 18, 2014 revealed that the patient continues to have lower back pain which radiates down the bilateral lower extremities. The pain was rated between 8-9/10. He also reports ongoing sacroiliac joint pain, left more than the right. The pain was rated between 8-9/10. On physical examination, the patient walks with an antalgic mildly forward flexed gait pattern. There is mild palpable tenderness of the paravertebral muscles bilaterally. There is evidence of tenderness over the left more than the right sacroiliac joint. The patient has a positive Fortin's sign pelvic compression and Gaenslen sign on the left more than the right. There is limitation in range of motion of the lumbar spine in flexion to approximately 22 degrees, extension to approximately 7 degrees, and left lateral bend to approximately 18 degrees, and right lateral bend to approximately 12 degrees. Lateral flexion extension x-rays of the lumbar spine done last June 3, 2013 revealed post instrumentation and interbody cages in good position at the L4-S1 levels. Severe disc degeneration disease at the L1-2 level, mild at L2-4 levels. An MRI of the lumbar spine done last September 27, 2013 revealed status post L4, L5, S1 laminectomy, posterior fusion and stabilization with intra pedicular screws in L4, L5 and S1 vertebrae and posterior rods. There is an enhancing scarring at L4-5 and L5-S1 level in the lateral recess and around the thecal sac. Lumbar spondylosis L1-L2, L2-L3 and L5-S1 discs. At L5-S1, 3mm posterior osteophyte-disc complex. At L1-L2, 2mm posterior osteophyte-disc complex. A CT scan of the lumbar spine done last October 4, 2013 demonstrated instrumented decompression and fusion and L5-S1 osteophytes with moderate to severe left neural foraminal stenosis. AP and lateral flexion extension x-rays of the lumbar spine done last November 12, 2013 revealed L1-L3 anterior bony spurring; does not appear to have interbody

fusion mass. Treatment to date has included decompression and fusion at L4-5 and L5-S1 (2/2/10), L4-5 and L5-S1 translumbar interbody fusion with revision decompression and posterior instrumented fusion at L4-S1 (January 2013), left sacroiliac joint arthrogram and induction of steroid under fluoroscopic guidance (4/14/14), physical therapy and medications which include Oxycodone, Gabapentin, Zanaflex, Nucynta, Ambien, and Norco.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **SI JOINT WITH ARTHROGRAM WITH RFA IF DIAGNOSTIC: 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 Page(s): 286-326, 309.

**Decision rationale:** According to page 309 of the ACOEM Guidelines referenced by CA MTUS, sacroiliac joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. Regarding RFA, according to pages 286-326 of the ACOEM Practice Guidelines, radiofrequency lesioning of dorsal root ganglia for chronic sciatica is not recommended. In this case, the request for left sacroiliac joint arthrogram was certified in the utilization review dated March 19, 2013 and was performed last April 14, 2014. However, radiofrequency lesioning of dorsal root ganglia for chronic sciatica is recommended by guidelines. Therefore, the request for si joint block with arthrogram with rfa is not medically necessary.

#### **CONTINUED USE OF OXYCODONE HCL 10MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, oxycodone was prescribed since August 27, 2013 for pain control. The most recent clinical evaluation revealed no analgesia and functional improvement with its use. Also, the quantity of medication to be dispensed was not included in the request. Therefore, the request for continued use of oxycodone hcl 10mg is not medically necessary.

