MAXIMUS Federal Services

Case Number:	CM14-0156921		
Date Assigned:	09/29/2014	Date of Injury:	05/19/1994
Decision Date:	11/25/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

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 Orthopedic surgeon, and is licensed to practice in Arizona. 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:

This is a 58-year-old female with a date of injury of 5/19/1994. At the present time the patient is diagnosed as a post laminectomy syndrome, lumbar facet syndrome and bilateral sacroiliac (SI) joint dysfunction. She has also been through a detoxification program has had multiple epidural injections and facet blocks. A progress note of 9/17/2014 states that the patient's SI joint pain has increased to the point where she cannot work because she cannot sit. The note states that the patient has had excellent success with the SI joint injections in the past and that a qualified medical evaluation (QME) determined that the patient may have up to 2 of these injections per year. The patient has failed aggressive conservative treatment in the past including physical therapy; home exercises and continues on Norco 10 mg 6 times a day. She rates her pain level in her SI joints is 10/10. She can only sit for 20 minutes. The patient has a positive Fortin sign, positive SI joint compression test and a positive stork test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 joint injections under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis

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, sacroiliac joint blocks

Decision rationale: CA MTUS does not address sacroiliac joint blocks. The ODG has criteria for sacroiliac blocks. The patient appears to satisfy these requirements. She has 3 positive exam findings for sacroiliac dysfunction. According to her latest progress note she has failed 4-6 weeks of aggressive conservative therapy. She has had a positive response to the injections in the past. We do not know to what degree but we do know she was able to return to work and she has been authorized 2 sets of SI joint injections a year. Therefore, according to the guidelines, the medical necessity for bilateral sacroiliac joint blocks has not been established.

Norco 10/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This patient has had a long history of opioid use for chronic back, leg, and sacroiliac pain. She has been on a detoxification program and at the present time is taking Norco 10 mg 6 times a day. She is being monitored by her treating physician with questionnaires and clinical urine drug testing. The patient has been working full time until her SI joint pain increased to the point where she could not sit. The chronic pain guidelines state that opioid should be continued if the patient has returned to work and if the patient has improved function and pain relief. Prior to this latest flare-up of her SI joint pain, the patient has been working full time. Therefore, according to the chronic pain guidelines, the medical necessity for continuing the use of Norco has been established.