MAXIMUS Federal Services

Case Number:	CM14-0171497		
Date Assigned:	10/23/2014	Date of Injury:	04/29/2014
Decision Date:	12/02/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/16/2014

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 Neuromusculoskeletal Medicine 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:

The patient is a 63 years old female who sustained a work related injury on 4/29/2014 as result of a slip and fall at work causing injury to her bilateral knee and lower back.Recent progress reports indicate 10+/10 sharp, dull and constant pain since 2012. Sitting, standing, lying down and not improved with anything, aggravates discomfort. Functionality is significantly reduced. Physical examination identifies an antalgic gait, poor left hip range of motion during flexion and extension maneuvers with pain reproduction in the left buttock and tenderness of the left sacroiliac joint. Imaging studies identify multl-level disc bulging from L2-3 to L5-1 with a Grade 1 anteriolisthesis of at L4.In dispute is decision for a Left Sacroiliac Joint Steroid Injection and for Diclofenac 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Steroid Injection: 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 (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 46.

Decision rationale: The patient is a 63 years old female who sustained a work related injury on 4/29/2014 as result of a slip and fall at work causing injury to her bilateral knee and lower back.Recent progress reports indicate 10+/10 sharp, dull and constant pain since 2012. Sitting, standing, lying down and not improved with anything, aggravates discomfort. Functionality is significantly reduced. Physical examination identifies an antalgic gait, poor left hip range of motion during flexion and extension maneuvers with pain reproduction in the left buttock and tenderness of the left sacroiliac joint. Imaging studies identify multl-level disc bulging from L2-3 to L5-1 with a Grade 1 anteriolisthesis of at L4.In dispute is decision for a Left Sacroiliac Joint Steroid Injection and for Diclofenac 50mg #60.

Diclofenac 50mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 67-68.

Decision rationale: Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long- term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. As it is obvious the patient has tremendous discomfort, some form of pain management is clearly medically necessary.