

Case Number:	CM14-0025461		
Date Assigned:	06/11/2014	Date of Injury:	04/15/2012
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 44-year-old female who reported an injury on 04/15/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 01/23/2014 is largely illegible. The diagnoses indicated lumbar sprain, lumbosacral spondylosis without myelopathy, and lumbosacral radiculitis. The injured worker reported bilateral L4-S1 rhizotomy on 12/20/2003. The injured worker reported increased pain after procedure from 06/10 to 8/10. On physical exam of the lumbar spine, the injured worker had tenderness to palpation of the lower lumbar facet joint lines, tenderness to palpation of the sacroiliac joint, left greater than right, and pain on extension. The injured worker also reported marked guarding bilaterally. The injured worker had a positive sacroiliac joint stress test, and Yeoman's test was positive. The injured worker's sensation was intact to the bilateral upper and lower extremities. Deep tendon reflexes were 2/5 and motor strength was intact in the bilateral upper and lower extremities. The injured worker's prior treatments included diagnostic imaging, surgery, aquatic therapy, and medication management. The provider submitted a request for left sacroiliac joint ligament injection under ultrasound guidance, aquatic therapy 2 times a week for 2 weeks, and decision for Relafen 750 mg, 1 by mouth twice a day. A Request for Authorization was submitted on 01/23/2014 for left sacroiliac joint ligament injection under ultrasound guidance. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACROILIAC JOINT LIGAMENT INJECTION UNDER ULTRASOUND

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 Pelvic, Sacroiliac joint blocks.

Decision rationale: The request for LEFT SACROILIAC JOINT LIGAMENT INJECTION UNDER ULTRASOUND GUIDANCE is non-certified. The Official Disability Guidelines (ODG) state sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. The guidelines also state a history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. There is no evidence in the documentation provided to indicate the injured worker has had and failed at least 4-6 weeks of aggressive conservative therapy. Therefore, the request for left sacroiliac joint ligament injection under ultrasound guidance is non-certified.

AQUATIC THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS: Upheld

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 Aquatic therapy Page(s): 23.

Decision rationale: The request for AQUATIC THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. The guidelines also state aquatic therapy is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The injured worker has attended aquatic therapy in the past. There is a lack of documentation to indicate how many sessions were attended. However, the completed aquatic therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program, where the injured worker may continue with exercises such as strengthening, stretching, and range of motion. Therefore, the request for aquatic therapy 2 times a week for 3 weeks is non-certified.

RELAFEN 750MG 1 PO BID: Upheld

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 NSAIDs Page(s): 72.

Decision rationale: The request for RELAFEN 750MG 1 PO BID is non-certified. The California Chronic Pain Medical Treatment Guidelines state Relafen is indicated for moderate to severe. The lowest effective dose of nabumetone should be sought for each patient. There is no evidence to recommend one drug in this class over another based on efficacy. The guidelines also indicate periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. The injured worker has been on tramadol since at least 12/2012. The guidelines indicate there is no evidence to recommend one drug in this class over another based on efficacy. The guidelines also indicate periodic lab monitoring of a CBC and chemistry profile, including a liver and renal function test. The documentation submitted did not indicate the injured worker had periodic lab monitoring within 4 to 8 weeks after starting therapy or any periodic lab monitoring. Therefore, the request for Relafen 750 mg 1 by mouth twice a day is non-certified.