

Case Number:	CM14-0027085		
Date Assigned:	06/13/2014	Date of Injury:	09/27/2004
Decision Date:	08/06/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation, Pain Management has a subspecialty in Interventional Spine 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 49 years old female with an injury date on 09/27/2004. The listed diagnoses per [REDACTED] dated 01/10/2014 are: 1. Chronic pain syndrome. 2. Low back pain. 3. Left SI joint sprain. 4. Myalgia and myositis, unspecified, symptomatic. 5. Degenerative disc disease lumbar, symptomatic. 6. Facet arthropathy, symptomatic. According to this report, the patient complains of moderate upper back, middle back, lower back and neck pain that are fluctuating. The patient describes the pain as an ache burning, discomforting, piercing, shooting and throbbing. The patient rates his pain at a 10/10 with medication and a 5/10 with medication. Very TTP Left SI joint but other provocative maneuvers not performed. MRI of the lumbar spine dated 10/09/09, documented a 3mm L4-L5 central and left paracentral disc protrusion with an annular fissure which contacted the left LS nerve root as it exited the thecal sac. Small L3-L4 and L5-S I disc protrusions were noted with annularfissures. There was L5-SI facet degenerative disease. There were no other significant findings noted on this report. [REDACTED] is requesting a left sacroiliac joint injection and Lidoderm 5% #60. The utilization review denied the request on 02/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 05/30/14 to 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACOILIAC JOINT INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the 01/10/2014 report by [REDACTED] this patient presents with moderate upper back, middle back, lower back and neck pain that are fluctuating. The treating physician is requesting left SI joint injection. The UR denial letters states this request is not medically substantiated. Regarding sacroiliac joint injections, ODG guidelines recommend SI joint injection when examination shows three positive SI joint maneuvers. In this case, the treating physician documents tenderness over the SI joint but no other SI joint examination findings are documented. The patient also does not present with a history of pelvic fracture or a fall injury that typically can result in SI joint problem. Given the above the request is not medically necessary.

LIDODERM 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MTUS 56,57)Lidoderm (lidocaine patch) Page(s): 56, 57. 112.

Decision rationale: According to the 01/10/2014 report by [REDACTED] this patient presents with moderate upper back, middle back, lower back and neck that are fluctuating. The treating physician is requesting Lidoderm 5% #60. Review of the report does not documents any neuropathic pain and there are no objective findings other than pain at a 10/10 with medication and a 5/10 with medication, very TTP left SI joint. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. There is no documentation provided to indicate the presence of neuropathic pain and the treating physician has no documentation of the effects of this medication as recommended on page 60 of MTUS. Given the above the request is not medically necessary.