

Case Number:	CM14-0064883		
Date Assigned:	09/10/2014	Date of Injury:	11/16/2006
Decision Date:	10/03/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/06/2014

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 Family 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:

This is a 48 year old female claimant who sustained a work injury on 11/16/06 involving the low back, hip and left leg. She was diagnosed with chronic lumbago and sacroiliac joint dysfunction. A progress note on 3/5/14 indicated the claimant had continued pain in the involved areas. "Medications were helping a little." At the time she had been on Norco, Tizanidine and Fentanyl patches. She had been on the same dose for 10 years. She had previously received epidural steroid injection and a cage placed in the L4-L5 region. Exam findings were notable for reduced painful range of motion of the pelvis and lower spine. There was weakness in the left leg. The treating physician recommended continuation of Fentanyl 75mcg/hr patch, Norco 10 mg QID, and Tizanidine 4 mg QID. In addition, triple blocs of the SI joint, a pelvic belt, electrodiagnostic studies of the back and left leg and a consultation for a spinal cord simulator was requested due to L5 pain. The claimant did not want to undergo another surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Si Joint Injection, Piriforms Injection Trochanteric Bursa 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 and Pelvis Sacroiliac Joint Blocks, Trochanteric Bursitis Injections, Piriforms Injections.

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

Decision rationale: According to the ODG guidelines, intra-articular joint injections are not recommended for early hip arthritis. They provide short-term relief. Historically the injections do not work well. If performed, fluoroscopic guidance is recommended. Piriformis injections are recommended for after a 1 month trial of therapy for piriformis syndrome. The claimant does not have a diagnosis of piriformis syndrome. There is no indication of osteoarthritis. Based on the guidelines and clinical history, the request for Left Si Joint Injection, Piriforms Injection Trochanteric Bursa Injection is not medically necessary.

Pelvic Belt: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Sacroiliac beltACOEM, page 127

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

Decision rationale: According to the ODG guidelines, a sacroiliac support belt is an option in treatment for sacroiliac joint dysfunction. In this case, the length of use was not mentioned in the notes. In addition it was requested to rule out joint dysfunction and to treat it. The guidelines do not recommend it use in this fashion. The request is for a pelvic belt is not medically necessary.

Consult and Evaluation for spinal cord Stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulator Page(s): 38.

Decision rationale: According to the MTUS guidelines, a spinal cord stimulator should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management. SCS use has been associated with pain reduction in studies of patients with CRPS. There is no indication that the claimant has CRPS or undergone a comprehensive evaluation. Therefore, the request for Consult and Evaluation for spinal cord Stimulator is not medically necessary.

Electrodiagnostic studies Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back chapter, Special studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, electrodiagnostic studies are not recommended for obvious radiculopathy. They are used to clarify nerve root dysfunction. In this case, the specific study was not mentioned (EMG, NCV, H-reflex, etc.). In addition, the examination did not indicate specific radicular findings. The request for the electrodiagnostic tests for the back is not medically necessary.

Electrodiagnostic studies left leg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back chapter, Special studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309, 377.

Decision rationale: According to the ACOEM guidelines, electrodiagnostic studies are not recommended for obvious radiculopathy. They are also not recommended without obvious entrapment neuropathies. They are used to clarify nerve root dysfunction. In this case, the specific study was not mentioned (EMG, NCV, H-reflex, etc.). In addition, the examination did not indicate specific radicular findings. The request for the electrodiagnostic tests for the left leg is not medically necessary.

Fentanyl 75mcg/hr transdermal patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): Page 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl.

Decision rationale: According to the MTUS guidelines, Fentanyl patches are not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. They have 80 times the equivalent of morphine. In this case, the claimant had already been on Norco. There was continued pain while on multiple opioids. In addition, there was no documentation of a pain agreement or pain scale response. There was no evidence of functional improvement while on medications. They were noted no to help. The request for Fentanyl 75mcg/hr transdermal patch is not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): page 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function. The request for Norco 10/325mg #180 is not medically necessary.