

Case Number:	CM14-0070459		
Date Assigned:	07/14/2014	Date of Injury:	10/01/2013
Decision Date:	09/19/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/15/2014

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 Pain Medicine & 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 underlying date of injury in this case is 10/01/2013. The treating diagnoses include multilevel disc bulging as well as dextroscoliosis. The specific treating diagnoses on a progress report (PR)-2 of 02/27/2014 include bilateral sacroiliitis, right lumbar radiculopathy, and left L5-S1 radiculopathy. At that time the patient presented for followup with the complaints of back and buttock pain which continued to be severe. Chiropractic had slightly decreased her pain. The patient was taking Lortab, gabapentin, and Zanaflex. On exam the patient had tenderness of the lumbar paraspinals bilaterally and decreased sensation in the right L5 dermatome and a positive Faber bilaterally, worse on the right. An electrodiagnostic study of December 2013 was noted to have demonstrated left L5-S1 radiculopathy. The treatment plans included continuing the patient's pharmacological treatment as well as requesting sacroiliac joint injections and considering an epidural injection in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron 4mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA-approved labeling information - ondansetron.

Decision rationale: This medication is not discussed in the California Medical Treatment Utilization Schedule. Food and Drug Administration (FDA)-approved labeling information for this medication recommends its use for nausea related to cancer chemotherapy or immediate postoperative nausea. The medical records do not document these clinical situations nor another rationale for this medication. This request is not medically necessary.

Bilateral Sacroiliac Joint Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM Guidelines, chapter 12/low back, page 300, recommend that invasive techniques are of questionable merit. More detailed information can be found in the Official Disability Guidelines/Treatment in Workers Compensation/Hip/Pelvis, sacroiliac blocks, which state that the history and physical should suggest the diagnosis and that the diagnostic evaluation must first address any other possible pain generators. The medical records in this case document multifocal pain. The history and exam findings do not localize specifically to suggest sacroiliac disease as the patient's primary pain generator. This request is not supported by the records and guidelines. This request is not medically necessary.