

Case Number:	CM14-0075364		
Date Assigned:	07/16/2014	Date of Injury:	06/14/2007
Decision Date:	09/16/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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 & Rehabilitation, 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 41-year-old male with date of injury of 06/14/2007. The listed diagnoses per [REDACTED] dated 05/01/2014 are: Lumbosacral spondylosis without myelopathy. Degenerative lumbosacral/lumbar intervertebral disk, and Sacroiliitis, NEC, status post sacroiliac joint injection of the bilateral hip dated 01/10/2013. According to this report, the patient complains of low back pain. The patient is experiencing back stiffness and pain. The back pain is described as aching, burning, throbbing, and shooting down the left leg. Severity of condition is 4/10. The physical exam shows the patient's gait is normal. Muscle strength for all groups is 5-/5. Lumbosacral spine exam shows a non-antalgic gait and tilt. He has pain across the lower lumbar spine with radiation to the upper thighs and hips. Straight leg raise is positive at 10 degrees. DTRs are +1 on both knees and ankles without clonus. He has 5/5 strength in the lower extremities. Sensory examination is intact. The utilization review denied the request on 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Follow up for S1 Injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) for the Hip and Pelvis - Sacroiliac Joint Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: The ACOEM Guidelines supports orthopedic follow-up evaluations every 3 to 5 days whether in-person or telephone. The UR denied the request stating that the response to the injection in terms of functional improvement and decreased medication use is not specified in the records provided. The operative report dated 12/18/2013 shows that the patient underwent sacroiliac joint injection bilaterally. The 05/01/2014 report notes that the treater is requesting 1 follow-up visit following the patient's 2013 SI injection. This patient presents with lower back pain. The treater is requesting an orthopedic follow-up for SI injection. Given that ACOEM does recommend follow-up visits, the request is within reason the request is medically necessary and appropriate.

Percocet 5-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 and 88-89.

Decision rationale: The MTUS Guidelines page 88 and 89 states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's including analgesia, ADLs, adverse side effects, and adverse drug-seeking behavior as well as "pain assessment" or outcomes measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient has been taking Percocet since 02/11/2014. The treater notes on progress report dated 02/11/2014, "we have discussed the pain medications, and he will continue with Percocet and this was considered reasonable and necessary per the UR reviewing physician." The treater does not provide before and after analgesia, no specifics regarding ADLs to denote significant improvement, no mention of quality of life changes and no discussions regarding "pain assessment," as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behavior such as a urine drug screen. The request for Percocet 5/325 mg quantity 60 is not medically necessary.