

Case Number:	CM14-0077273		
Date Assigned:	07/18/2014	Date of Injury:	09/24/2013
Decision Date:	09/18/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 Internal 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:

The patient is an injured worker with lumbar back conditions. Date of injury was 09-24-2013 and the mechanism of injury was a slip and fall. A progress report on January 28, 2014 by [REDACTED] documented subjective complaints of primarily right lumbar axial back pain. Physical examination demonstrated moderate-to-severe right lower lumbar axial back pain, referred back pain, with right straight leg raise with mild right sacroiliac joint sulcus tenderness. Diagnostic impressions were bilateral L4 spondylolysis and L4-5 disc extrusion. [REDACTED] noted that on examination of the actual films, there is only a significant synovial cyst on the left and not the symptomatic right side. As noted, her symptoms are primarily right-sided. On review of the MRI, facet joint cysts were primarily noted on the left, which does not correspond with her right-sided symptoms. Treatment plan included Ibuprofen, Norco, Tramadol 50mg and Tizanidine 4mg. Neurosurgical consultation report dated 02-20-2014 by [REDACTED] documented physical examination findings including tenderness at the right sacroiliac joint. The right hip was exquisitely tender at the bursa. The figure-4 maneuver hurt in both the hip and the SI joint on the right and was negative on the left. The internal rotation was painful at the hip as well. The pressure and strain-type testing is positive in both the hip and the SI joint. The motor exam is 5/5 in all muscle groups, but testing in the right leg elicits right hip pain. MRI from July of 2013 demonstrated bilateral L4 pars interarticularis defects consistent with spondylolysis. There was very tiny amount of spondylolisthesis of L4 over L5. There are synovial cysts associated with the L4-5 joints, but no impingement on the right at any level. There are no disk herniations, stenosis, cysts or other problems that appear to be contacting any of the right-sided lumbar nerves within the spinal canal with the patient lying on her back for the MRI. [REDACTED] noted that the patient presented with pain in her hip. She was tender on the hip exam and with hip tension maneuvers. She has at least bursitis of the hip if not an internal tear or injury. The second most

tender spot is the right sacroiliac joint, which is part of her main problem. Progress report March 11, 2014 by ██████ documented subjective complaints of back pain and right hip discomfort. Physical examination demonstrated mild right SI sacroiliac joint sulcus tenderness, positive right Patrick test, mild right trochanteric bursa tenderness, referred back pain with straight leg raise and painful lumbar spine range of motion with nonspecific lumbar spine tenderness. MRI of the lumbar spine revealed that at L4-5, there was moderate-to-severe disc disease with right-sided foraminal narrowing. There was a moderate-sized left synovial cyst extending from the pars defect and projecting to the spinal canal. There was no significant right-sided facet joint synovial cyst. There was evidence of bilateral pars defect at L4. Electrodiagnostic studies revealed findings of right S1 radiculopathy. Diagnostic impressions were bilateral L4 spondylolysis, L4-5 disc extrusion, possible component of right trochanteric bursitis, possible component of right sacroiliitis. Treatment plan included right SI joint injection under fluoroscopy, staged bilateral L4-5 pars and L4-5 facet injections under fluoroscopy, MRI of lumbar spine, Ibuprofen, Tramadol 50 mg and Tizanidine 4mg. Right trochanteric bursa steroid injection was performed in the office on 03-11-2014. Request for authorization (RFA) dated 4/2/14 requested SI joint injection under fluoroscopy of the right SI joint, lumbar pars and facet injection, Ibuprofen, Tramadol, Tizanidine. Utilization review determination date was 05-14-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI Joint Injection Under Fluoroscopy and Staged Bilateral L4-5 Facet/Pars Injections Under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip and Pelvis Chapter; Sacroiliac Joint Blocks Official Disability Guidelines: Lumbar Spine, Facet Joint Diagnostic Blocks (Injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses injections for low back conditions. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that "invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit." In addition, a summary of recommendations states that "facet-joint injections, trigger-point injections, and ligamentous injections are not recommended." ACOEM 3 guidelines state that "diagnostic facet joint injections and therapeutic facet joint injections are not recommended for low back disorders." ACOEM also states that "sacroiliac joint injections for chronic low back pain, including pain attributed to the sacroiliac joints, but without evidence of inflammatory sacroiliitis (rheumatologic disease)." Progress report January 28, 2014 by ██████ documented mild right SI sacroiliac joint sulcus tenderness. Neurosurgical consultation report dated 02-20-2014 by ██████ documented tenderness at the right sacroiliac joint. Progress report March 11, 2014 by ██████ documented mild right SI sacroiliac joint sulcus tenderness, with possible component of right sacroiliitis. Treatment plan included right SI joint injection under fluoroscopy. Request for authorization (RFA) dated 4/2/14 requested SI joint injection under fluoroscopy of the right SI joint, but did not request left SI joint injection.

Medical records dated 1/28/14, 2/20/14, and 3/11/14 documented right SI sacroiliac joint tenderness, but no physical findings of the left SI joint. No objective evidence of left SI joint pathology was presented. Therefore, bilateral SI joint injections are not justified, because there was no evidence of inflammatory sacroiliitis on the left side. ACOEM guidelines do not support the medical necessity of facet-joint injections. Therefore, the request for Bilateral SI Joint Injection under Fluoroscopy and staged Bilateral L4-5 Facet/Pars Injections under Fluoroscopy is not medically necessary.

Tramadol 50mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram Page(s): 93-94, 113, 123.

Decision rationale: MTUS guidelines state, "Ultram is a centrally acting synthetic opioid analgesic. Ultram is not classified as a controlled substance by the DEA. Ultram is indicated for the management of moderate to moderately severe pain." Medical records document objective evidence of pathology on MRI, Electrodiagnostic studies, and physical examination. Ibuprofen is a first-line treatment that has been used by the patient. The patient has been prescribed Zanaflex. Ultram is indicated for the management of moderate to moderately severe pain, which is demonstrated in the medical records. Medical records and MTUS guidelines support the prescription of Ultram. Therefore, the request for Tramadol 50mg is medically necessary.

Trizanidine 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) state that "muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity." In addition, ACOEM state that "muscle relaxants are not recommended." MTUS guidelines state, "Muscle relaxants should be used with caution as a second-line option for short-term treatment. Tizanidine (Zanaflex) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored." Medical records document the long-term use of Tizanidine. Medical records do not document recent liver function tests (LFT), which is required for safe Tizanidine use. MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. MTUS and ACOEM guidelines do not support the medical necessity of muscle relaxants. Therefore, the request for Tizanidine 4 mg is not medically necessary.

