

Case Number:	CM14-0087152		
Date Assigned:	07/23/2014	Date of Injury:	05/08/1985
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/10/2014

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 and is licensed to practice in Nevada. 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 injured worker is a 52-year-old male who was reportedly injured on May 8, 1985. The mechanism of injury was noted as falling off a truck. The most recent progress note dated January 9, 2014, indicated that there were ongoing complaints of low back pain. The current medications include Zoloft, Tramadol, Gabapentin and Zantac. The physical examination demonstrated flattening of the lumbar lordosis and diffuses tenderness bilaterally along the lumbar spine. There was a positive right sided straight leg raise test and sciatic notch tenderness on the right side. There was also tenderness at the bilateral sacroiliac (SI) joints and a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed a previous laminectomy at L4 and L5 as well as a fusion at the L4-L5 level and facet arthropathy at L3-L4, L4-L5, and L5-S1. Previous treatment included a lumbar laminectomy followed by a lumbar fusion and subsequent hardware removal. There has also been treatment with facet joint injections, medial branch blocks, and a radiofrequency neurotomy. There were also previous SI joint injections performed. Request was made for a right sided SI joint injection and Tramadol and was non-certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI Joint Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac Joint Injections, updated March 25, 2014.

Decision rationale: According to the progress note dated January 9, 2014, the injured employee has previously received bilateral sacroiliac joint injections; however, the efficacy of these injections was not stated. According to the Official Disability Guidelines, sacroiliac joint injections cannot be performed a second time, if a first block is not positive. Without information regarding the efficacy of this first series of sacroiliac (SI) joint injections, this request for a right sided SI joint injection is not medically necessary.

Tramadol 50mg #120: 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): 113.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.