

<b>Case Number:</b>	CM13-0029250		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	07/31/2006
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female was injured 7/31/06. The mechanism of injury was not available. She had back pain and surgery (Lumbar fusion no date) that stabilized the back pain and eliminated the radiculopathy. She continues to have residual pain in the right sacroiliac joint which was treated with two injections that afforded meaningful short-term benefit. and also pain over the pedicle screws that is not as severe as the sacroiliac joint pain but is problematic. Her current medications included oxycodone, opana and Vicodin. Her medication use has increasing due to the pain. She continued to do physical therapy exercises and stretches but reports the pain to be increasing. Physical exam demonstrated positive Faber and pelvic compression on the right; positive pelvic shear. She had painless range of motion of the right hip. There was tenderness on palpation ranging from mild to moderate over the pedicle screws. Computed tomography (no date) of the lumbar spine revealed solid fusion of both L4-5 and L5-S1 with good interbody growth. Diagnoses included status post lumbar fusion L4 through S1; severe right sacroiliac joint pain; pain due to retained orthopedic implants. Recommendation was for injection of the right sacroiliac joint and if not effective then pain management. The injured worker is temporarily totally disabled. There was no documentation of functional capacity or ability to perform activities of daily living. On 9/13/13 Utilization Review (UR) non-certified the request for pain management consult with Dr [REDACTED] based on lack of documentation regarding the outcome of previous sacroiliac joint injections (SI) and in addition the injured worker continues to take several opioids and remains temporarily totally disabled despite being recently authorized for an SI injection earlier in the year. ACOEM and ODG were referenced

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation with Dr. [REDACTED]:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** The patient presents with pain over her right sacroiliac joint and over the pedicle screws. The request is for a PAIN MANAGEMENT CONSULT WITH DR. [REDACTED]. The treater states that the "patient's ongoing medication management requirements are out of [his] area of direct expertise." The utilization review letter did not provide a rationale. ACOEM page 127, states "The occupational health practitioner may refer to other specialist if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise." MTUS page 8 also requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. The patient is currently taking Oxycodone, Opana, and Vicodin. She suffers from right sacroiliac joint pain and pain over the pedicle screws. She has a positive FABER on the right, positive pelvic compression on the right, positive pelvic shear, and tenderness to palpation mild to moderate over the pedicle screws. In this case, medication management appears reasonable. The requested pain management consultation IS medically necessary.