

<b>Case Number:</b>	CM13-0036677		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/31/1986
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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. The expert reviewer is Board Certified in Family 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 injured worker is a 73-year-old female who experienced an industrial injury 08/31/86. The mechanism of injury was not noted. The injured worker was status post lumbar back fusion with chronic intractable lumbar backache, failed lumbar back surgery syndrome, recurrent myofascial strain, predominant mechanical axial in character has an intrathecal pump in situ. The worker had a follow up examination 09/06/13 which confirmed adequate functioning of the pump which was refilled. In addition, the she was prescribed oral Oxycodone 15 mg six tablets a day and Elavil antidepressant was prescribed for further symptomatic relief. Upon the physician's examination, there was tenderness and muscle wasting over lumbar back and both sacroiliac joints. This provider indicated that sacroiliac joint injections in the past gave her good pain relief. The request received was for bilateral sacroiliac joint diagnostic blocks, radiofrequency ablation, and the medication, Oxycodone, quantity 180. It was noted by the reviewing physician, that in order to consider diagnostic sacroiliac joint blocks there must be the presence of at least three provocative tests of sacroiliac joint arthropathy and this requirement had not been met. Also, the physician noted the radiofrequency neuroablation was not medically necessary. The physician did determine the request for Oxycodone 15 mg, quantity 120, for a 30 day period without any refill was medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The Bilateral SI Joint Diagnostic Block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 339, 341, 344, 346, Chronic Pain Treatment Guidelines part 2, Pain Interventions and Treatments Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Bilateral Sacroiliac Joint Diagnostic Block (website).

**Decision rationale:** Regarding sacroiliac steroid injections, the Official Disability Guidelines state in the treatment of chronic pain, sacroiliac injections are recommended when patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. An SI joint block would require a positive response of at least 70% for a duration of pain relief for at least 6 weeks. The suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. Concerning this patient, proceeding with a sacroiliac area steroid injection is not indicated at this time as there is no documentation of failure of conservative measures. Therefore, the request is not medically necessary.

**A Radiofrequency Neuroablation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic), Radiofrequency Ablation (Facet Joint Radiofrequency Neurotomy), per ODG website.

**Decision rationale:** Regarding Facet medial branch Radiofrequency Neurotomies, evidence based guidelines necessitate documentation of evidence of adequate diagnostic blocks, documented improvement in VAS score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. Criteria have not been met and this is not a reasonable request as there is no documentation of failure of conservative measures. Also the request does not clarify which levels are to have procedure performed. Therefore, the request is not medically necessary.

**Oxycodone 15mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 482, 485-486, 489-490, 492-493, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 74-75, 83-84, 87, 92, 97. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Appendix A, ODG Workers' Compensation Drug Formulary, Oxycodone 15 mg, per ODG website.

**Decision rationale:** Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the request is not medically necessary.