

Case Number:	CM14-0188518		
Date Assigned:	11/19/2014	Date of Injury:	11/21/2010
Decision Date:	01/07/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/12/2014

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 injured worker (IW) is a 38-year-old woman with a date of injury of November 21, 2010. The mechanism of injury was not documented in the medical record. Pursuant to the Sports Neurology and Pain Management clinical note dated September 9, 2014, the IW complains of lumbar pain. Physical examination revealed moderate tenderness of the left SI joint. There was no tenderness on the right side. Faber's test was positive on the left. The IW was diagnosed with chronic pain, and sacroiliitis. The treatment plan recommendations include refills of Ultram ER, and Voltaren XR. The provider is also requesting SI joint specific physical therapy, and ultrasound guided SI joint injection of the left. The IW was provided with an SI joint belt. There is a Neurology/Pain Return Patient Form filled out by the IW on November 6, 2014. She indicated that she has severe back pain, but learned that she is 6 months pregnant. She reports that she is unable to take anti-inflammatories due to pregnancy. She notes that Toradol makes her sick to her stomach. The only medication that she is taking at the time is Tylenol 100mg, once to twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

US guided left S1 joint injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Sacroiliac Joint Blocks

Decision rationale: Pursuant to the Official Disability Guidelines, ultrasound guided S1 joint injection is not medically necessary. Sacroiliac joint locks are recommended as an option if the patient failed at least 4 to 6 weeks of aggressive conservative therapy. Sacroiliac dysfunction is poorly defined and the diagnoses often difficult to make due to the presence of other low back pathology. The criteria for sacroiliac blocks are enumerated in the Official Disability Guidelines. They include, but are not limited to, the history and physical should suggest the diagnosis; the patient has failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercises and medication management; and blocks are performed under fluoroscopy. In this case, the injured worker's diagnoses are sacroiliitis, sciatica and other chronic pain. The injured worker is 38 years old and presents with lumbar pain and right leg pain. Physical examination is notable for marked tenderness over the right SI joint. The guidelines recommend SI joint blocks under fluoroscopy, not ultrasound guidance. Additionally, there is limited research suggesting therapeutic blocks offer long-term results. Consequently, ultrasound guided S1 joint injection is not medically necessary.

Physical therapy three times a week for four weeks for the thoracic lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy three times a week for four weeks to the thoracic and lumbar spine are not medically necessary. Patients should be formally assessed after six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). In this case, the injured worker is 38 years old and presents with lumbar pain and right leg pain. There is marked tenderness over the right SI joint. The guidelines recommend a six visit clinical trial and a formal assessment of objective functional improvement to determine whether additional physical therapy is appropriate. The treating physician requested physical therapy three times a week for four weeks (12 visits). This exceeds the allowance permitted by the guidelines. Consequently, physical therapy three times a week for four weeks to the thoracic and lumbar spine are not medically necessary.

Voltaren XR 100 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren XR 100 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy in patients with mild to moderate pain. In this case, the injured worker was complaining of severe back pain. However, the patient is six months pregnant. This is indicated in a neurology pain form dated November 6, 2014. This form indicates the injured worker is only taking Tylenol and cannot take non-steroidal anti-inflammatory drugs. Consequently, Voltaren XR (a non-steroidal anti-inflammatory drug) is not medically necessary. Based on clinical information in the medical record, the injured worker's pregnancy and the peer-reviewed evidence-based guidelines, Voltaren XR 100 mg #60 is not medically necessary.