

Case Number:	CM14-0194850		
Date Assigned:	12/03/2014	Date of Injury:	11/04/1998
Decision Date:	03/24/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/20/2014

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. 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, Arizona

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:

The injured worker is a 52-year-old male who reported an injury on 11/04/1998. His diagnoses were noted to include chronic pain, degenerative lumbar/lumbosacral intervertebral disc, lumbago, sciatica, sacroiliitis nec piriformis syndrome and thoracic/lumbosacral neuritis/radiculitis. Past treatments included medications and chiropractic therapy. His surgical history included left knee surgery, performed on 12/11/2012. On 10/24/2014, the injured worker was seen for a follow up visit, and reported low back pain flare ups. A physical examination during this visit was not documented. Current medications were noted to include Ambien, Vicodin, Zanaflex, Prilosec, and Lidoderm patch. The treatment plan included a refill of medications, a diagnostic ultrasound with possible sacroiliac joint injection and continuation of chiropractic therapy. A request was received for chiropractic visits x8 to 12, ultrasound (R) SI joint and piriformis, (R) SI joint and piriformis possible injection, urine drug screen, Voltaren 75 mg quantity 60, Zanaflex 2 mg quantity 120, Lidoderm 5% TDSY quantity 60, and Ambien 10 mg quantity 90. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits x 8-12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The request for chiropractic visits x 8-12 is not medically necessary. The California MTUS Guidelines recommend up to 18 visits of chiropractic therapy with evidence of objective functional improvement. The clinical notes indicate the injured worker has had previous chiropractic therapy. However, there is no documentation to indicate how many sessions have been completed to date or quantifiable evidence of functional improvement with previous chiropractic therapy. In addition, the request does not specify the number of sessions needed for chiropractic visits. Therefore, the request is not medically necessary.

Ultrasound (R) SI Joint and Piriformis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasounds Page(s): 123.

Decision rationale: The request for ultrasound (R) SI joint and piriformis is not medically necessary. The California MTUS Guidelines do not recommend therapeutic use of ultrasound. The clinical notes indicate the injured worker complained of lumbar pain. However, the request does not specify whether the injections are therapeutic or diagnostic. In addition, the Official Disability Guidelines state that indications for a diagnostic ultrasound include scar tissue, adhesions, collagen fiber and muscle spasm, and the need to extend muscle tissue or accelerate the soft tissue healing. However, as there is no documented evidence to indicate the need for a diagnostic ultrasound, the request is not supported. Therefore, the request is not medically necessary.

(R) SI Joint and Piriformis possible injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 blocks

Decision rationale: The request for (R) SI joint and piriformis possible injection is not medically necessary. Official disability guidelines recommend sacroiliac joint blocks if at least 4-6 weeks of aggressive conservative therapy has failed. The clinical notes indicate the injured worker's past treatments included chiropractic therapy as well as physical therapy and

medications. In addition, the guidelines also state that the criteria for a sacroiliac joint block includes a diagnosis with positive results of at least 3 specific tests, including but not limited to Cranial Shear Test; Fortin Finger Test; Gaenslen's Test; and Sacroiliac Shear Test. Although, the injured workers diagnoses included sacroiliitis nec piriformis syndrome. There was no documentation with positive results of Sacroiliac joint dysfunction tests. As the criteria for a sacroiliac joint block were not met, the requests are not supported. Therefore, the request is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS Guidelines recommend drug testing to assess for the use or presence of illegal drugs. The clinical notes indicate the injured worker has been taking medications such as Ambien, Vicodin, and Lidoderm patches. In addition, the most recent urine drug screen dated 10/24/2014, revealed results consistent with the injured workers prescription. However, as there is evidence of appropriate medication use and it has been under 3 months since the last urine drug screen, the request for a urine drug screen is not supported. Therefore, the request is not medically necessary.

Voltaren 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for Voltaren 75 mg quantity 60 is not medically necessary. The California MTUS Guidelines recommend the use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. The clinical notes indicate the injured worker has been taking Voltaren since at least 08/22/2014. As the guidelines do not recommend NSAIDs for long term use, the request is not supported. In addition, the request does not specify frequency of use. Therefore, the request is not medically necessary.

Zanaflex 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs.

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

Decision rationale: The request for Zanaflex 2 mg #120 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants for acute exacerbations in patients with chronic low back pain; however, they show no benefit beyond NSAIDs in pain and overall improvement. The clinical notes indicate the injured worker has been taking Zanaflex since at least 08/22/2014. As the guidelines do not recommend use of muscle relaxants for a long term period, the request is not supported. In addition, the request does not specify frequency of use. Therefore, the request is not medically necessary.

Lidoderm 5% TDSY #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The request for Lidoderm 5% TDSY # 60 is not medically necessary. The California MTUS Guidelines recommend lidocaine as a topical analgesic for localized peripheral pain. The clinical notes indicate the injured worker has been using Lidoderm 5% patches since at least 08/22/2014, which helped relieve pain. As the guidelines recommend use of Lidoderm patches, the request is supported. However, the request does not specify frequency of use. Therefore, the request is not medically necessary.

Ambien 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Zolpidem.

Decision rationale: The request for Ambien 10 mg # 90 is not medically necessary. The Official Disability Guidelines do not recommend zolpidem for long term use, as it can be habit forming, and it may impair function and memory more than opioid pain relievers. The clinical documentation indicates the injured worker has been taking zolpidem since at least 08/22/2014. As the guidelines do not recommend long term use, the request is not supported. In addition, the request does not specify frequency of use. Therefore, the request is not medically necessary.