

Case Number:	CM14-0195783		
Date Assigned:	12/03/2014	Date of Injury:	09/17/1997
Decision Date:	01/15/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Interventional Spine 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 patient is a 49 year old female with an injury date on 09/17/1997. Based on the 09/30/2014 progress report provided by the treating physician, the diagnoses are:1. Low back pain2. Chronic SI joint pain3. Chronic pain syndrome4. Intermittent numbness in both legs of unclear etiologyAccording to this report, the patient complains of low back pain and bilateral hip pain. The patient rates her "pain as 10/10 without pain medication and 8/10 without the pain medications. The pain is aggravated by any prolonged activities and alleviated by changing position." Physical exam reveals mild tenderness over the bilateral sacroiliac joints, both upper trapezius and rhomboids muscle. Gaenslen's test, Gillet's test, and Faber's test are positive, bilaterally.The patient has been treated conservatively with physical therapy, aquatic therapy, TENS units, and medications. There were no other significant findings noted on this report. The utilization review denied the request for 1 bilateral SI joint injection and 1 prescription of Lyrica 50mg #21 on 11/18/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 11/01/2013 to 11/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral SI joint injection: 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 Chapter Under SI Joint Injections.

Decision rationale: According to the 09/30/2014 report, this patient presents with low back pain and bilateral hip pain. The current request is for 1 bilateral SI joint injection. The treating physician indicates that "the patient underwent bilateral SI joint injections on 7/28/14 which helped reduce her SI joint pain by about 50%." Regarding repeat sacroiliac joint injections, ODG guidelines states "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." In this case, the treating physician documented that the patient has pain relief of "about 50%" from previous SI injection. The guidelines recommended repeat sacroiliac joint injections only after the previous injection resulted in at least 70% improvement. Therefore, the current request is not medically necessary.

1 Prescription of Lyrica 50mg #21: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 18-19.

Decision rationale: According to the 09/30/2014 report, this patient presents with low back pain and bilateral hip pain. The current request is for 1 prescription of Lyrica 50mg #21. Lyrica was first mentioned in the 11/01/2013 report and it is unknown exactly when the patient initially started taking this medication. Regarding Lyrica for pain, MTUS Guidelines recommend it for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of the reports does not indicate that the patient has neuropathic pain. The treating physician indicates in the 09/30/2014 report that the patient "had electrodiagnostic studies done on 12/5/13 which did not reveal evidence of peripheral neuropathy, lumbar radiculopathy or distal lower extremity compression neuropathy." The treating physician further states "She stopped taking the Lyrica because it was making her anxious. I will resume Lyrica at a lower dose of 75 mg bid to see if this will help with the burning pain." In this case, the patient has been diagnosed with intermittent numbness affecting the legs bilaterally. The electrodiagnostic study performed did not show any signs of neuropathy and there is no documentation provided for review to indicate that the previous usage of Lyrica provided pain relief or increase in function as required by MTUS page 60. Therefore, the current request is not medically necessary.