

Case Number:	CM14-0207896		
Date Assigned:	12/19/2014	Date of Injury:	02/27/2013
Decision Date:	02/18/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 51-year-old man who sustained a work related injury on February 27, 2013. Subsequently, he developed chronic low back and left leg pain. According to a progress report dated November 19, 2014, the patient reported he continued to have left low back pain with left leg symptoms. He reported the pain to be aching, burning, and cramping in nature. He also reported numbness in the left leg down to the toes. He stated the pain goes down his left lateral leg to the lateral aspect of the left foot. He reported the level of pain was a 7/10. The patient is awaiting authorization of left L4-L5, L5-S1 TF ESI. The patient stated he has minimal relief with his medications (Tramadol ER and anaprox). MRI of the lumbar spine dated May 24, 2013 showed degenerative changes in the lower lumbar spine most marked at L4-5, at which level there was moderate canal and moderate to severe bilateral foraminal stenosis. There was mild to moderate canal, moderate left and mild-to-moderate right sided foraminal stenosis at L3-4. There was mild canal and moderate bilateral foraminal stenosis at L5-S1. There was mild canal and mild to moderate bilateral foraminal stenosis at L1-2. There was mild canal and bilateral foraminal stenosis at L2-3. Objective findings included: Hoffman's negative right and left; Babinski negative right and left; Stranski's negative right and left; normal and symmetric reflexes except decreased left medial hamstring and bilateral Achilles; straight leg raise positive left side; bowstring sign positive left side; cross leg raise negative right and left; Spurling's test negative right and left; decreased sensation in left S1 dermatome to light touch and pinprick; 5/5 strength with FROM in all major joints and myotomes C5-S2 right and left in upper and lower extremities except 4+/5 left dorsiflexion/eversion; hypertonicity: paraspinal left L3-S1. The patient was

diagnosed with left lumbar radiculopathy, lumbar myofascial strain, lumbago, and lumbar stenosis. The provider requested authorization for Outpatient left SI Joint injection, Tramadol ER, and Consultation with [REDACTED] for hip complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left SI joint 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) Hip

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < ODG Sacroiliac injections>.

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1.the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. Therefore, the requested for outpatient left SI joint injection is not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-

related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. The patient stated he has minimal relief with his medications (Tramadol ER and Anaprox). There is no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol ER 150 mg #30 is not medically necessary.

Consultation for hip complaints: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In this case, there is no clear documentation for the rational for the request for a and office visit for pain management. The requesting physician did not provide a documentation supporting the medical necessity for this visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for consultation for hip complaints is not medically necessary.