

Case Number:	CM15-0142545		
Date Assigned:	08/03/2015	Date of Injury:	03/01/2013
Decision Date:	09/22/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/23/2015

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

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 67-year-old female, who sustained an industrial injury on 3-1-13. The diagnoses have included lumbago, hip and pelvic pain, and sacroiliac joint dysfunction. Treatment to date has included medications, activity modifications, diagnostics, physical therapy and other modalities. Currently, as per the physician progress note dated 6-10-15, the injured worker complains of ongoing severe unrelenting low back pain on the right side, right hip and down the right leg. The pain has caused her gait to be antalgic. The pain is rated 6 out of 10 on pain scale with medications and 9 out of 10 without medication. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right hip and X-rays of the bilateral hips. There is also an electromyography (EMG) and nerve conduction velocity studies (NCV) of the bilateral lower extremities. The physical exam reveals tenderness at the lumbar spine and facet joints, crepitus, decreased flexion, decreased extension, decreased lateral bending and decreased rotation. There is positive Gaenslen test, positive sacral compression test, positive sacral thrust, tender right sacroiliac joint and positive Patrick's test on the right. There is tenderness at the joint line tenderness at the greater trochanter and tender along the femur. The right range of motion reveals crepitus, decreased flexion, pain with flexion and decreased extension. The current medications included Prilosec, Hydrocodone-Acetaminophen, and Ibuprofen. The physician noted that he will discontinue the Norco. The urine drug screen dated 2-5-13 was consistent with the medication prescribed. The physician requested treatments included One right S1 joint triple block, Eighteen (18) sessions of water therapy, Hydrocodone 5mg Acetaminophen 325mg #60 and Nucynta IR 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right S1 joint triple block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic): Sacroiliac Joint Blocks.

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: The patient presents with severe unrelenting lower back pain primarily on the RIGHT side, RIGHT hip and down RIGHT leg rated 6/10 with and 9/10 without medications. The request is for ONE RIGHT S1 JOINT TRIPLE BLOCK. The request for authorization is dated 06/19/15. MRI of the RIGHT hip, 08/14/14, shows RIGHT hip osteoarthritic changes with a RIGHT hip joint effusion and probable synovitis. X-ray of the bilateral hips, 08/14/14, shows bilateral hip osteoarthritis. EMG/NCS of the bilateral lower extremities, 06/03/14, shows normal study; no electrodiagnostic evidence of a lumbosacral radiculopathy, plexopathy, myopathy, peripheral neuropathy, nor any mononeuropathy affecting the lower limbs. Physical examination of the spine reveals tender at lumbar spine, tender at facet joint, crepitus, decreased range of motion. Exam of sacroiliac joints reveals positive Gaenslen test, positive sacral compression, positive sacral thrust, tender RIGHT sacroiliac joint and positive Patrick's test - RIGHT, tender at joint line, tender at greater trochanter and tender along femur, crepitus, and decreased range of motion. Per progress report dated 06/10/15, the patient is off work. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH)." Criteria for the use of sacroiliac blocks: 7. In the treatment or therapeutic phase (after the stabilization is completed), 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. Treater does not discuss the request. In this case, the patient's diagnosis includes hip/pelvic pain and SI joint dysfunction. The patient has trialed aggressive conservative treatments but continues with pain. Physical examination of sacroiliac joints reveals positive Gaenslen test, positive sacral compression, positive sacral thrust, tender RIGHT sacroiliac joint and positive Patrick's test - Right, tender at joint line, tender at greater trochanter and tender along femur, crepitus, and decreased range of motion. In this case, at least 3 positive exam finding were documented by treater. ODG guidelines require 3 positive exam findings in order to proceed with SI Joint Block. However, the treater's request for Triple Block is unclear, and treater does not explain what is meant by Triple Block. It appears the request is for 3 injections, which is not indicated by guidelines. Therefore, the request IS

NOT medically necessary.

Eighteen (18) sessions of water therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL Page(s): 22, 98-99.

Decision rationale: The patient presents with severe unrelenting lower back pain primarily on the RIGHT side, RIGHT hip and down RIGHT leg rated 6/10 with and 9/10 without medications. The request is for EIGHTEEN (18) SESSIONS OF WATER THERAPY. The request for authorization is dated 06/19/15. MRI of the RIGHT hip, 08/14/14, shows RIGHT hip osteoarthritic changes with a RIGHT hip joint effusion and probable synovitis. X-ray of the bilateral hips, 08/14/14, shows bilateral hip osteoarthritis. EMG/NCS of the bilateral lower extremities, 06/03/14, shows normal study; no electrodiagnostic evidence of a lumbosacral radiculopathy, plexopathy, myopathy, peripheral neuropathy, nor any mononeuropathy affecting the lower limbs. Physical examination of the spine reveals tender at lumbar spine, tender at facet joint, crepitus, decreased range of motion. Exam of sacroiliac joints reveals positive Gaenslen test, positive sacral compression, positive sacral thrust, tender RIGHT sacroiliac joint and positive Patrick's test - RiGHT, tender at joint line, tender at greater trochanter and tender along femur, crepitus, and decreased range of motion. Per progress report dated 06/10/15, the patient is off work. MTUS Guidelines, page 22, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Aquatictherapy "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)" MTUS Guidelines, pages 98-99, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Physical Medicine "Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729. 1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729. 2) 8-10 visits over 4 weeks. "Per progress report dated 06/10/15, treater's reason for the request is "to improve mobility and range of motion." Given the patient's condition, a short course of Aquatic Therapy might be indicated. MTUS recommends up to 10 visits of therapy for non post-op conditions. However, there is no indication the patient to be extremely obese, nor discussion as to why the patient cannot participate in traditional weight-bearing exercises. Additionally, the request for 18 sessions of Aquatic Therapy would exceed what is recommended by MTUS guidelines. Therefore, the request IS NOT medically necessary.

Hydrocodone 5mg Acetaminophen 325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with severe unrelenting lower back pain primarily on the RIGHT side, RIGHT hip and down RIGHT leg rated 6/10 with and 9/10 without medications. The request is for HYDROCODONE 5MG ACETAMINOPHEN 325MG #60. The request for authorization is dated 06/19/15. MRI of the RIGHT hip, 08/14/14, shows RIGHT hip osteoarthritic changes with a RIGHT hip joint effusion and probable synovitis. X-ray of the bilateral hips, 08/14/14, shows bilateral hip osteoarthritis. EMG/NCS of the bilateral lower extremities, 06/03/14, shows normal study; no electrodiagnostic evidence of a lumbosacral radiculopathy, plexopathy, myopathy, peripheral neuropathy, nor any mononeuropathy affecting the lower limbs. Physical examination of the spine reveals tender at lumbar spine, tender at facet joint, crepitus, decreased range of motion. Exam of sacroiliac joints reveals positive Gaenslen test, positive sacral compression, positive sacral thrust, tender RIGHT sacroiliac joint and positive Patrick's test - RiGHT, tender at joint line, tender at greater trochanter and tender along femur, crepitus, and decreased range of motion. Per progress report dated 06/10/15, the patient is off work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per request for authorization dated 06/19/15, treater's reason for the request is "1 Tablet(s), PO, BID PRN SEVERE PAIN." The patient has been prescribed Hydrocodone-Acetaminophen since at least 03/10/15. The patient continues with severe unrelenting lower back pain primarily on the RIGHT side, RIGHT hip and down RIGHT leg rated 6/10 with and 9/10 without medications. However, per progress report dated 06/10/15, treater notes, "She does not want another RX written because the Norco is starting to make her head feel in her words "fuzzy." She would like to try something different along with the Ibuprofen. "Per same progress report, treater's treatment plan notes, "DC Norco. Begin a trial of Nucynta IR 50 mg one PO b. i. d. PRN." In this case, it appears the treater will discontinue Norco due to adverse effect, and will trial a different opioid. Therefore, the request IS NOT medically necessary.

Nucynta IR 50mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88,89.

Decision rationale: The patient presents with severe unrelenting lower back pain primarily on the RIGHT side, RIGHT hip and down RIGHT leg rated 6/10 with and 9/10 without medications. The request is for NUCYNTA IR 50MG. The request for authorization is dated 06/19/15. MRI of the RIGHT hip, 08/14/14, shows RIGHT hip osteoarthritic changes with a RIGHT hip joint effusion and probable synovitis. X-ray of the bilateral hips, 08/14/14, shows bilateral hip osteoarthritis. EMG/NCS of the bilateral lower extremities, 06/03/14, shows normal study; no electrodiagnostic evidence of a lumbosacral radiculopathy, plexopathy, myopathy, peripheral neuropathy, nor any mononeuropathy affecting the lower limbs. Physical examination of the spine reveals tender at lumbar spine, tender at facet joint, crepitus, decreased range of

motion. Exam of sacroiliac joints reveals positive Gaenslen test, positive sacral compression, positive sacral thrust, tender RIGHT sacroiliac joint and positive Patrick's test - Right, tender at joint line, tender at greater trochanter and tender along femur, crepitus, and decreased range of motion. Per progress report dated 06/10/15, the patient is off work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 06/10/15, treater's reason for the request is "DC Norco. Begin a trial of Nucynta IR 50 mg one PO b. i. d. PRN." It appears this is the initial trial prescription for Nucynta. In this case, the treater is switching the patient's opioid medication due to adverse effect with use of Norco. Since this is the initial prescription for Nucynta, treater has not had the opportunity to document the medication efficacy. Therefore, the request IS medically necessary.