

Case Number:	CM15-0162662		
Date Assigned:	09/04/2015	Date of Injury:	05/28/2009
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 40 year old male, who sustained an industrial injury on 5-28-09. He reported left shoulder pain. The injured worker was diagnosed as having chronic pain, arthropathy of lumbar facet, pelvic pain, lumbosacral radiculopathy, thoracic spondylosis, hip pain, lumbar sprain, sacroiliac joint inflamed, thoracic radiculitis, low back pain, lumbar sprain, lumbosacral spondylosis without myelopathy, thoracic back sprain, and thoracic spondylosis without myelopathy. Treatment to date has included left shoulder surgery, physical therapy, home exercise, heat and ice application, and medication. Physical examination findings on 7-28-15 included mild lumbar spasms, painful sacroiliac joint motion, and positive Faber's tests bilaterally. Pain was noted over the facet joints and sacral compression tests were positive bilaterally. Currently, the injured worker complains of back pain with radiation to the right thigh, calf, and foot. The treating physician requested authorization for a sacroiliac joint injection and laboratory tests including CBC diff-PTL, Acetaminophen, GGT, Hydrocodone, Metabolite serum, liver panel, and chemistry panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 sacroiliac 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), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic): Sacroiliac joint blocks (2015), 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) Hip & Pelvis (Acute & Chronic) / Sacroiliac injections, therapeutic.

Decision rationale: The MTUS did not specifically address the use of sacroiliac joint injections, therefore other guidelines were consulted. The ODG does not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Recommend on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. A review of the injured workers medical records do not reveal that he meets the criteria for SI joint injection at this time, therefore the request for 1 sacroiliac joint injection is not medically necessary.

Lab: Complete Blood Count (CBC Includes Diff/PLT): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the MTUS, borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Use of NSAIDs may compromise renal function. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. A review of the injured workers medical records reveal that he has been on NSAID therapy. Periodic lab monitoring is recommended for patients on NSAID's, therefore the request for Complete Blood Count (CBC Includes Diff/PLT) is medically necessary.

Lab: Acetaminophen QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the MTUS, borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Use of NSAIDs may compromise renal function.

Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. A review of the injured workers medical records reveal that he has been on NSAID therapy. Periodic lab monitoring is recommended for patients on NSAID's, however it is not clear why laboratory testing of acetaminophen is indicated in the injured worker, therefore the request for acetaminophen is not medically necessary.

Lab: GGT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the MTUS, borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Use of NSAIDs may compromise renal function. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. A review of the injured workers medical records reveal that he has been on NSAID therapy. Periodic lab monitoring is recommended for patients on NSAID's, therefore the request for GGT is medically necessary.

Lab: Hydrocodone and Metabolite serum: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine Drug testing.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records did not reveal documentation of risk stratification and a clear rationale for laboratory testing of serum hydrocodone as opposed to the recommended urine drug screen, without this information medical necessity for serum hydrocodone and metabolites is not established. Therefore, the request is not medically necessary.

Lab: Liver Panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the MTUS, borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Use of NSAIDs may compromise renal function. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. A review of the injured workers medical records reveal that he has been on NSAID therapy. Periodic lab monitoring is recommended for patients on NSAID's, therefore the request for liver panel is medically necessary.

Labs: Chem Panel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the MTUS, borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Use of NSAIDs may compromise renal function. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. A review of the injured workers medical records reveal that he has been on NSAID therapy. Periodic lab monitoring is recommended for patients on NSAID's, therefore the request for chem panel is medically necessary.