

Case Number:	CM15-0180381		
Date Assigned:	09/22/2015	Date of Injury:	07/25/2007
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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 55-year-old female who sustained an industrial injury July 25, 2007. Past treatment included a lumbar radiofrequency rhizotomy L3-L4, L4-L5 at the medial branches and L5-S1 at the dorsal primary ramus of L5 on the right side January 29, 2015 and January 15, 2015. Diagnoses are bilateral sacroiliac joint arthropathy; lumbar disc disease with disc bulging L4-L5; bilateral lumbar facet arthropathy and hypertrophy L3-L4, L4-L5, L5-S1, more on the right; status post right foot and ankle surgery. On July 16, 2015, the injured worker underwent a bilateral sacroiliac joint block under fluoroscopy and bilateral dorsal primary ramus of L5 block under fluoroscopic guidance. According to a pain management physician's re-evaluation dated August 13, 2015, the injured worker presented reporting she is undergoing chiropractic treatment, which helps, and she would like to renew this therapy. She also reported an 80% decrease in pain after her block, and at this visit, she feels 50% better. She rates her pain 4-5 out of 10. She is working regular duties. Current medication included Tramadol and Nabumetone. Physical examination revealed; lumbar spine- range of motion flexion is 50 degrees with pain, extension 15 degrees with pain and lateral bending left and right 20 degrees, tenderness over L5-S1, positive facet loading over the L5-S1 junction. Treatment plan included chiropractic treatment, and at issue, a request for authorization dated August 25, 2015 for Tramadol 37.5-325mg #60 and a bilateral sacroiliac joint confirmatory block under c-arm fluoroscopy at L5-S1 juncture. According to utilization review dated September 2, 2015, the request for bilateral sacroiliac joint confirmatory block under c-arm fluoroscopy at L5-S1 juncture between August 13, 2015 and November 26, 2015 is non-certified. The request for 60 Tramadol 37.5-325mg between August 13, 2015 and November 26, 2015 was modified to certification of 45 Tramadol 37.5-325mg between August 13, 2015 and November 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint confirmatory block under c-arm fluoroscopy at L5-S1 juncture:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (Acute & Chronic): Facet Joint Injections, multiple series (2015).

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, SI joint injections.

Decision rationale: According to the Official Disability Guidelines, does not recommend therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory sacroiliac pathology (based on insufficient evidence for support). Guidelines recommend injections for inflammatory spondyloarthropathy (sacroiliitis) on a case-by-case basis. 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. Per progress report dated 08/13/15, the patient states she got an 80% decrease in pain after the block initially and today she is at least 50% better. She states the pain did come back. The patient is diagnosed with sacroiliac joint arthropathy bilaterally. MRI of the lumbar spine shows at the level of L5-S1, there is no evidence of herniated nucleus pulposus, neural foraminal narrowing, or canal stenosis; mild to moderate bilateral hypertrophic facet degenerative changes are seen. In this case, the patient does not present with inflammatory SI joint problems documented from radiology, X-rays, bone scan or MRI/CT scans. ODG guidelines do not recommend SI Joint Injections for non-inflammatory sacroiliac pathology. Therefore, the request is not medically necessary.

Tramadol 37.5/325mg #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: According to the Chronic Pain Medical Treatment 2009 Guidelines, pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Guidelines also requires documentation of the 4A's (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. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy, and for chronic back pain, it appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Per progress report dated 08/13/15, the patient states she does use it about once or twice a day. Since the last visit, she has decreased her medicines to once a day. Patient has been prescribed Tramadol since at least 10/18/12. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, the provider does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Tramadol. No validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. A UDS dated 01/02/14, and CURES dated 08/12/15 were documented. However, long-term use of opiates may be indicated for nociceptive pain as it is recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). In this case, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request is not medically necessary.