

Case Number:	CM15-0188318		
Date Assigned:	09/30/2015	Date of Injury:	07/08/1995
Decision Date:	12/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 61 year old female, who sustained an industrial injury on 7-8-1995. Medical records indicate the worker is undergoing treatment for posterior lumbar interbody fusion, lumbar radiculopathy, low back pain, insomnia and neuropathic pain. A recent progress report dated 8-14-2015, reported the injured worker complained of low back pain and increased left hip, leg and groin pain. Physical examination revealed anxiety, depression, lumbar paraspinal tenderness and stiffness with tenderness to the bilateral facet joints. Treatment to date has included surgery, home exercise program, Gabapentin, Norco (since at least 2-19-2015) and Baclofen (since at least 3-24-2015). The physician is requesting Norco 10-325mg #120, Baclofen 10mg #30, pre injection consultation and Left triple block steroid injection to include trochanteric bursa and piriformis SI joint. On 9-10-2015, the Utilization Review modified the request for Norco 10-325mg #120 to #90, Baclofen 10mg #30 to #20 and noncertified the request for a pre injection consultation and Left triple block steroid injection to include trochanteric bursa and piriformis SI joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10.325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The MTUS recommends Norco for moderate to moderately severe pain. Opioids for chronic pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10.325mg #120 is not medically necessary.

Baclofen 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends baclofen, a non-sedating muscle relaxant, with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Baclofen may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, it shows no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The patient's injury is 20 years old. There has been no significant functional improvement with the use of Baclofen. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Baclofen 10mg #30 is not medically necessary.

Left triple block steroid injection to include trochanteric bursa piriformis SI joint: 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) Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The Official Disability Guidelines state that 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. If

helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. There is no documentation that the patient has evidence of a clinical picture suggestive of sacroiliac injury. Sacroiliac joint injection is not medically necessary. The requests have been bundled together, therefore, left triple block steroid injection to include trochanteric bursa piriformis SI joint are not medically necessary.

Pre injection consultation: 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) Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The Official Disability Guidelines state that 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. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. There is no documentation that the patient has evidence of a clinical picture suggestive of sacroiliac injury. Sacroiliac joint injection is not medically necessary. The left triple block steroid injection to include trochanteric bursa piriformis SI joint are not medically necessary; consequently, a pre-injection consultation is not medically necessary.