

Case Number:	CM15-0189190		
Date Assigned:	10/01/2015	Date of Injury:	08/28/2012
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 54 year old male, who sustained an industrial injury on 8-28-12. Medical records indicate that the injured worker is undergoing treatment for right sacroiliac joint dysfunction, lumbosacral disc displacement, bilateral lower extremity radiculopathy, chronic intractable pain and moderate lumbar-three foraminal stenosis. The injured worker was noted to be temporarily totally disabled. On (8-7-15) the injured worker complained of low back pain which radiated to the right buttock. The pain was rated 5-6 out of 10 with medications and 7 out of 10 without medications on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation over the sacroiliac joints bilaterally, worse on the right than the left. A straight leg raise test was positive on the right. Sacroiliac joint testing revealed a positive thigh thrust and compression sign. The injured worker was noted to be using Norco with good benefit for his ongoing complaints. Subsequent progress reports (7-17-15, 7-14-15 and 6-15-15) indicate that the injured workers pain levels were consistent at 5-6 with medications and 7-8 without medications. Treatment and evaluation to date has included medications, lumbar selective nerve root block, x-rays of the lumbar spine, MRI of the lumbar spine and a lumbar laminectomy. The lumbar three-lumbar four selective nerve root block was noted to decrease the injured workers pain by 50% in the right buttock and right anterior thigh for the length of the anesthetic. Current medications include Norco (since at least March of 2015), Soma, Lunesta and Prilosec. Current treatment requests include Norco 10-325 mg (unspecified quantity), a right sacroiliac joint block with Arthrogram times 1 and a pain management pre-procedural consultation. The Utilization Review documentation dated 9-1-15 non-certified the requests for a

right sacroiliac joint block with Arthrogram times 1 and a pain management pre-procedural consultation and modified the request to Norco 10-325 mg # 60 with no refills (original request unspecified quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Sacroiliac Joint Block with Arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Physician 2005; 8:115-125, A Systematic Review of Sacroiliac Joint Interventions; Official Disability Guidelines, Criteria for the use of 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 and Pelvis-Sacroiliac injections, diagnostic Sacroiliac radiofrequency neurotomy.

Decision rationale: Right sacroiliac joint block with arthrogram is not medically necessary per the MTUS Guidelines. The MTUS states that sacroiliac joint blocks are not recommended, including sacroiliac intra-articular joint and sacroiliac complex diagnostic injections/blocks (for example, in anticipation of radiofrequency neurotomy). Diagnostic intra-articular injections are not recommended (a change as of August 2015) as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered (as sacroiliac therapeutic intra-articular injections are not recommended for non-inflammatory pathology). The ODG states that consideration can be made if the injection is required for one of the generally recommended indications for sacroiliac fusion. Sacroiliac radiofrequency neurotomy is also not recommended due to the lack of evidence supporting use of this technique per the ODG. The documentation does not reveal extenuating factors that would necessitate going against guideline recommendations and proceeding with this SI joint block which is intended to progress to a radiofrequency ablation if diagnostic. This request is not medically necessary.

Pain Management Pre-Procedural Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Pain Management Pre-Procedural Consultation is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a

clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for a pain management consultation. The documentation indicates that the sacroiliac joint block is not medically necessary therefore the request for a pain management pre-procedural consultation is not medically necessary.

Norco 10/325mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids.

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

Decision rationale: Norco 10/325mg, unspecified quantity is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The request for Norco cannot be certified as medically necessary. There is no specified quantity and the MTUS does not support ongoing opioid use without evidence of decreased pain and increased function. The request for Norco 10/325mg, unspecified quantity is not medically necessary.