

Case Number:	CM15-0190080		
Date Assigned:	10/02/2015	Date of Injury:	08/04/2010
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/28/2015

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, California

Certification(s)/Specialty: Family Practice

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 48 year old, female who sustained a work related injury on 8-4-10. A review of the medical records shows she is being treated for low back pain. Treatments have included a left sacroiliac injection (10-7-14, "greater than 50% relief of low back and significantly relieved her left leg pain for over four months"), bilateral sacroiliac injections (4-28-15), ice therapy and medications. Current medications include aspirin. In the progress notes, the injured worker reports overall all her pain has been "excruciating the last few weeks." She has continuous aching and burning pain across the low back and buttocks, more on the left. She has burning, stabbing and aching pain in lateral left leg. She rates her pain a 7 out of 10 with aspirin and an 8 without medications. These pain levels have not changed much. On physical exam dated 7-28-15, she is tender in the sacroiliac joints, left greater than right, and in the lumbar paraspinal muscles. She had decreased range of motion in lumbar spine. Patrick's test is positive on the left. She is currently not working. The treatment plan includes a request for a left sacroiliac injection and she was given a trial of Tylenol #3. In the Utilization Review dated 9-9-15, the requested treatments of Tylenol #3 #120 and a left sacroiliac joint injection with fluoroscopic guidance and conscious sedation are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 3 #120: 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): Opioids for neuropathic pain, Opioids for chronic pain.

Decision rationale: Tylenol #3 contains codeine which is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco previously without substantial relief, such that the claimant required SI injections. In addition, no one opioid is superior to another. Tylenol # 3 is not medically necessary.

Left S1 joint injection with fluoroscopic guidance and conscious sedation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the MTUS guidelines, SI injections are not indicated due to their short-term benefit. The ODG guidelines recommend hip injections for those with bursitis. In this case, the claimant does get benefit from the injections and has not had one in over 8 months. Pain medications do not offer substantial relief and the Tylenol # 3 as above is not necessary. Since the claimant does receive sustained and qualitative relief, the injections are medically necessary and appropriate.