

Case Number:	CM15-0199953		
Date Assigned:	10/19/2015	Date of Injury:	06/28/2012
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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: North Carolina

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 an industrial injury on June 28, 2012, incurring left knee, right lower extremity, right upper extremity, right shoulder, neck and low back injuries. She was diagnosed with lumbosacral spondylosis, lumbar disc disease, and piriformis syndrome. Treatment included pain medications, topical analgesic patches, sleep aides, Radiofrequency Ablation, sacroiliac injections, and activity restrictions. Currently, the injured worker complained of low back pain, with tenderness over the right sacroiliac joint. She noted constant pain rating 5 out of 10 on a pain scale from 1 to 10. She complained of insomnia secondary to the persistent pain. The pain was aggravated with walking and sitting for prolonged periods of time. She noted 75% improvement in function with a sacroiliac joint and Piriformis injection. Testing was positive for piriformis pain on the right side. Upon examination, there was tenderness over the lumbar spine region with soft tissue tenderness and tenderness over the sacroiliac joints and buttocks. There was positive lumbar spine with rotation of the lumbar spine. The treatment plan that was requested for authorization included an injection for the left sacroiliac joint and left piriformis; Psychological referral with 10 counseling sessions; and a prescription for Norco 10-325 mg #56. On September 22, 2015, a prescription for Norco was modified from #56 to #50; Psychological referral was certified and counseling sessions were denied; and the left sacroiliac injection was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection for the left sacroiliac joint and left piriformis: 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), TWC, Hip and pelvis Chapter, updated 08/20/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SI joint injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that sacroiliac joint injections are only indicated if there is failure of 4-6 weeks of conservative therapy and clear physical exam signs that show the SI joint is the source of the pain. The physical exam does not show clear indications that the SI joint is responsible solely for the patient's pain and there has been no failure of conservative therapy targeting the SI joint specifically. Therefore the request is not medically necessary.

Psychological referral with 10 counseling sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: The California chronic pain medical treatment guidelines section on psychological treatment states: Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) Psychological treatment in particular cognitive behavioral therapy has been found to be particularly effective in the treatment of chronic pain. As this patient has continued ongoing shoulder, neck and back pain despite conservative treatments, this service is indicated per the California MTUS and thus is medically necessary.

Norco 10/325mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: The California MTUS states: When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.