MAXIMUS Federal Services

Case Number:	CM15-0203736		
Date Assigned:	10/20/2015	Date of Injury:	02/03/2011
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial injury on 2-03-2011. The injured worker was diagnosed as having cervical sprain-strain, cervical paraspinal muscle spasms, cervical disc herniation, cervical radiculopathy, lumbar sprain-strain, lumbar paraspinal muscle spasms, lumbar disc herniations, lumbar radiculitis, and sacroiliitis of the right sacroiliac joint. Additional diagnoses included major depression, adjustment disorder, diabetes, erectile dysfunction, gastroesophageal reflux disease, hypertension, and irritable bowel syndrome. Treatment to date has included cervical spinal surgery in 4-2013, lumbar spinal surgery in 4-2012, left shoulder surgery in 7-2014, physical therapy, acupuncture, mental health treatment, and medications. On 8-19-2015, the injured worker complains of overall increase in symptoms, noting cervical spine rated 7 out of 10, lumbar spine and left shoulder not rated. It was documented that left subacromial and trigger point injections were not helpful. Functional change since last examination was checked "worse" but was unspecified. Objective findings noted "no change physical exam since last visit 5-21-15". Physical exam noted ambulation with a cane, erect posture, difficulty rising from sitting, and moves about "gingerly" and "with stiffness". Medication compliance was documented as prescribed with no side effects noted, but current medication regimen was not specified. Urine toxicology (8-20-2015) was positive for Bupropion. On 8-20-2015, the injured worker was seen for an initial pain management consultation. He reported cervical pain, rated 8-9 out of 10, low back pain with radiation to the right leg rated 8-9 out of 10, associated with numbness, tingling, and weakness, along with severe muscle spasms and progressive limitations in range of motion, and sacroiliac joint pain

with radiation to the posterior and lateral aspects of the right thigh, with numbness and tingling progressing in severity. Objective findings for the lumbar spine included straightening of lumbar lordosis, "severe guarding to deep palpation, over the lumbar area associated with severe myofascial pain guarding and reproduced on deep palpation". Also noted was pain with tingling and numbness to the right leg at L3, L4 and L5. Palpation over the right sacroiliac joint reproduced sharp shooting pain down the posterior and lateral aspects of the right thigh. Straight leg raise was positive bilaterally. Motor strength was 5 of 5, sensation was intact to light touch pinprick in the lower extremities, and Gaenslen, sacroiliac joint thrust, and Fabere tests were positive on the right. Magnetic resonance imaging of the lumbar spine (1-2014) was documented as showing posterior decompression and interbody fusion at L4-5 and L5-S1, a 2.5mm circumferential disc bulge at L3-4, a 2.5mm disc bulge at L4-5 with bilateral facet arthrosis and mild left neural foraminal narrowing, grade 1 anterolisthesis of L5, L5-S1, bilateral facet arthrosis and marked right and moderate left neural foraminal narrowing. The treating physician documented medications as "currently taking pain medication, anti-inflammatory medication, muscle relaxants, and sleeping pills as needed". On 9-15-2015, Utilization Review non-certified a request for Duragesic 50mg #10 and non-certified a request for a right sacroiliac joint injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 50mg, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Long term opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duragesic (fentanyl transdermal system). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duragesic 50mg, #10 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's relevant working diagnoses are status post lumbar sacral fusion April 26, 2012 with residual pain. For additional diagnoses see the September 24, 2015 progress note. The documentation indicates the injured worker on August 20, 2015 was approved for an epidural steroid injection at L3 L4 and L4 L5. The utilization review indicates the epidural steroid injection should be rendered prior to the right SI joint injection. According to the September 24, 2015 progress note, subjective complaints include left

shoulder pain, cervical spine and lumbar spine pain. The lumbar spine pain is 9/10. The treating provider additionally requested a CAT scan myelogram to assess the lumbar fusion and hardware failure. Objectively, there is tenderness to palpation at the lumbar spine paraspinal muscles. Motor examination is normal and there are no sensory deficits. There is no objective documentation of radiculopathy on physical examination. There are no medications documented in the September 24, 2015 progress note. There are no medications documented in the August 20, 2015 progress note. Additionally, the request for Duragesic was written incorrectly. Duragesic is prescribed in micrograms, not milligrams. There is no documentation demonstrating objective functional improvement to support ongoing Duragesic. There are no detailed pain assessments or risk assessments. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no documentation containing the medication Duragesic, Duragesic 50mg, #10 is not medically necessary.

Right SI (sacroiliac) joint injection under fluoroscopy: 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) Criteria for the use of sacroiliac 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 section, Sacroiliac (SI) joint injections.

Decision rationale: Pursuant to the Official Disability Guidelines, right SI (sacroiliac) joint injection under fluoroscopy is not medically necessary. The guidelines recommend the physical examination diagnostic criteria (see below) as a primary indication of pain related to the sacroiliac joint, with respect to sacroiliac pain, sacroiliac complex pain and sacroiliac dysfunction diagnostic signs and symptoms. Injections are not recommended for imaging studies for non-inflammatory pathology. Suggested physical examination indicators of pain related to the SI joint pathology include: history and physical should suggest the diagnosis. Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is generally not thought to be from the SI joint. There should be documentation of at least three positive exam findings to suggest the diagnosis. The five tests most recommended include pelvis distraction test, pelvic compression test, thigh thrust test, FABER (Patrick's test) and Gaenslien's test. Diagnostic evaluation must first address any other possible pain generators. In this case, the injured worker’s relevant working diagnoses are status post lumbar sacral fusion April 26, 2012 with residual pain. For additional diagnoses see the September 24, 2015 progress note. The documentation indicates the injured worker on August 20, 2015 was approved for an epidural steroid injection at L3 L4 and L4 L5. The utilization review indicates the epidural steroid injection should be rendered prior to the right SI joint injection. According to the September 24, 2015 progress note, subjective complaints include left shoulder pain, cervical spine and lumbar spine pain. The lumbar spine pain is 9/10. The treating provider additionally requested a CAT scan myelogram to assess the lumbar fusion and hardware failure. Objectively, there is tenderness to palpation at the lumbar spine paraspinal muscles. Motor examination is normal and there are no sensory deficits. There is no objective documentation of radiculopathy

on physical examination. There are no medications documented in the September 24, 2015 progress note. There are no medications documented in the August 20, 2015 progress note. Additionally, the request for Duragesic was written incorrectly. Duragesic is prescribed in micrograms, not milligrams. There is no documentation demonstrating objective functional improvement to support ongoing Duragesic. There are no detailed pain assessments or risk assessments. Based on clinical information and medical record, peer-reviewed evidence-based guidelines and no objective evidence of radiculopathy on physical examination, right SI (sacroiliac) joint injection under fluoroscopy is not medically necessary.