MAXIMUS Federal Services

Case Number:	CM15-0205223		
Date Assigned:	10/22/2015	Date of Injury:	04/28/2015
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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: Texas, New York, 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 applicant is a represented 24-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 28, 2015. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve requests for sacroiliac joint injection, tramadol, and in-office drug testing. The claims administrator referenced an August 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 17, 2015, the attending provider contended that the applicant had sacroiliac joint pain versus facet mediated pain. The attending provider reiterated request for a sacroiliac injection. The applicant was given a rather proscriptive 10-pound lifting limitation. Activities of daily living as basic as bending, twisting, and lifting remained problematic. The applicant did smoke periodically, the treating provider reported. On a separate work status report dated September 17, 2015, the treating provider stated that the applicant would be unable to work for 4 weeks, suggesting that the applicant's employer was unable to accommodate previously suggested limitations. On August 18, 2015, the applicant reported ongoing complaints of low back pain, 7.5/10, exacerbated by bending, lifting, and twisting. The SI joint injection in question, Ultracet, and drug testing were endorsed while the 10-pound lifting limitation was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided diagnostic right SI injection: 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), Hip & Pelvis Chapter, Sacroiliac injections, diagnostic.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 611.

Decision rationale: No, the request for a diagnostic sacroiliac joint injection was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, invasive techniques such as the SI joint injection in question are deemed of "questionable merit." The Third Edition ACOEM Guidelines Low Back Disorders Chapter further notes on page 611 that sacroiliac joint injections are not recommended in the treatment of chronic non-specific low back pain but, rather, should be reserved for applicants with some rheumatologically proven spondyloarthropathy implicating the SI joints. Here, however, there was no mention of the applicant's having any kind of rheumatologic disease process involving the SI joints on or around the date in question, August 18, 2015. Therefore, the request was not medically necessary.

Ultram 37.5/325mg 1 tab by mouth twice a day as needed for pain, #60: Upheld

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

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

Decision rationale: Similarly, the request for Ultram, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, progress notes and work status reports of August 18, 2015 and September 17, 2015 did not clearly state whether the applicant was or was not working with a rather proscriptive 10-pound lifting limitation in place, as some sections of said note suggested that the applicant was working, while other sections of the same note suggested that the applicant was not, in fact, working. 7.5/10 pain complaints were reported on August 18, 2015. The applicant reported difficulty performing activities of daily living as basic as bending, lifting, and twisting. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Ultram. Therefore, the request was not medically necessary.

In-Office 12 panel UDS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Finally, the request for an in-office 12-panel urine drug screen (UDS) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that drug testing is recommended as an option in the chronic pain population to assess for the presence or absence of illegal drugs, the MTUS does not establish parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state what drug tests or drug panels he intended to test for, attempt to conform to the best practices of the [redacted] when performing drug testing, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, it was not clearly identified when the applicant was last tested. The attending provider neither signaled his intention to eschew confirmatory or quantitative testing nor signaled his intention to conform to the best practices of the [redacted] when performing drug testing. It was not clearly stated when the applicant was last tested. Since multiple ODG criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request was not medically necessary.