

Case Number:	CM15-0022815		
Date Assigned:	02/11/2015	Date of Injury:	03/02/2002
Decision Date:	04/03/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male who reported an injury on 03/02/2002. The mechanism of injury was not provided. His past treatments were noted to include medications, use of a TENS unit, use of a back brace, lumbar surgery, and sacroiliac joint injections. His diagnoses include lumbar postlaminectomy syndrome and sacroiliitis. His symptoms include low back pain. It was noted that his right sacroiliac joint block performed on 06/25/2014 provided 60% relief of his right sided sacroiliac joint pain for 3 months. His medications include clonidine, Colace, hydromorphone, Lyrica, methadone, Miralax, naproxen, and omeprazole. His physical examination revealed positive Fortin's and Gillet's tests for sacroiliac joint pain on the right side. It was also noted that he was tender to palpation at the right sacroiliac joint. The treatment plan included a right sacroiliac joint block based on his benefit from the previous injection. It was also noted he would be given medication refills. It was also noted that serum toxicology screening was recommended to evaluate for appropriate medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Random Blood Draw Drug Test, (two per year): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication includes detailed documentation of appropriate medication use with use of urine drug screens to monitor compliance. The clinical information submitted for review indicated that the injured worker is taking opioid medications for his chronic pain. However, as the guidelines support use of urine drug screens to monitor for appropriate medication use, random blood draw drug testing is not supported. As such, the request is not medically necessary.

Right Sacroiliac Joint Block with 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & pelvis, Sacroiliac joint blocks.

Decision rationale: According to the Official Disability Guidelines, repeat sacroiliac joint injections may be supported if there is at least 6 weeks of at least 70% pain relief after a previous injection. The clinical information submitted for review indicated that the injured worker reported 60% pain relief for 3 months after his previous right sacroiliac joint injection on 06/25/2014. However, as the guidelines specifically state there needs to be documentation of at least 70% pain relief, a repeat sacroiliac joint block is not supported. As such, the request is not medically necessary.