

Case Number:	CM15-0217505		
Date Assigned:	11/09/2015	Date of Injury:	01/23/2014
Decision Date:	12/29/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/04/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 23, 2014. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for a sacroiliac joint injection, Motrin, and Ultracet. The claims administrator referenced a September 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 25, 2015 office visit, the applicant was placed off of work, on total temporary disability, owing to ongoing issues with chronic low back pain. The applicant had undergone a prior sacroiliac joint injection, the treating provider reported. The applicant remained dependent on Ultracet and Motrin, the treating provider acknowledged. The applicant was not working, it was acknowledged in several sections of the note. Activities as basic as lifting, twisting, standing, and sitting remained problematic, the treating provider reported. In another section, the treating provider stated that "any activity" resulted in heightened pain complaints. Motrin and Ultracet were renewed while the applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically radiofrequency nerve ablation, left sacroiliac joint: 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 and Pelvis (acute & chronic) (updated 09/24/2015) Sacroiliac radiofrequency neurotomy.

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 edition, Low Back Disorders, page, 611.

Decision rationale: No, the request for a fluoroscopically-guided sacroiliac nerve ablation procedure (AKA 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, as a whole, 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 chronic nonspecific low back pain context present here but, rather, should be reserved for applicants with some rheumatologically-proven spondyloarthropathy implicating the sacroiliac joints. Here, however, there was no mention of the applicant's carrying a diagnosis of rheumatologically-proven spondyloarthropathy implicating the SI joints. Therefore, the request is not medically necessary.

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of “efficacy of medication” into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, the treating provider reported on September 25, 2015. Ongoing usage of Motrin (ibuprofen) failed to curtail the applicant's dependence on opioid agents such as Ultracet and failed to curtail the applicant's dependence on sacroiliac joint injection therapy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Tramadol 37.5/325mg #60: Upheld

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

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

Decision rationale: Finally, the request for tramadol-acetaminophen (Ultracet), 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, the applicant was off of work, on total temporary disability, the treating provider acknowledged on the September 25, 2015 office visit at issue. The treating provider reported that any activities remained problematic owing to the applicant's heightened pain complaints. Activities as basic as sitting, standing, lifting, and twisting remained problematic, the treating provider further noted. All of the foregoing, taken together, argued against the applicant's having profited with ongoing Ultracet usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.