

Case Number:	CM15-0040911		
Date Assigned:	03/11/2015	Date of Injury:	10/02/2013
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/04/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old female, who sustained an industrial injury on October 2, 2013. She reported severe low back pain shooting all the way down in to the left foot. The injured worker was diagnosed as having chronic low back pain, facet arthropathy, and sacroiliac joint pain. Treatment to date has included physical therapy, acupuncture, home exercise program, work modifications, psychotherapy, and medications including oral and topical pain, muscle relaxant, proton pump inhibitor, anti-epilepsy, antidepressant, non-steroidal anti-inflammatory and sleep. On October 30, 2014, the injured worker complains of constant, achy low back pain. The pain is occasionally sharp. She no longer has pain radiating down her leg. There is no numbness, tingling or weakness of the legs. The physical exam revealed tenderness of the lower paraspinal muscles and in the bilateral facets, mild tenderness of the sacroiliac joints and mid buttock, and limited range of motion. There was normal deep tendon reflexes of the lower extremities, normal strength bilaterally, intact sensation, negative Patrick's and Gaenslen's and negative straight leg raise. The treatment plan includes topical pain medication, additional acupuncture and yoga.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI joint injection under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Hip and Pelvis.

Decision rationale: The CA MTUS did not address the use of SI joint injection in the treatment of low back pain. The ODG guidelines recommend that SI joint injection can be utilized for the treatment of SI joint pain when conservative treatments with medications and PT have failed. The guidelines recommend that a minimum of 3 out of 5 Provocative tests related to the diagnosis of SI joint dysfunction pain be positive for the criteria for SI joint injection are fulfilled. The records show objective findings of tenderness over the SI joint. The Provocative tests are reported to be negative. The criteria for bilateral SI joints injection under fluoroscopic guidance with conscious sedation were not met. Therefore, the request is not medically necessary.

Cymbalta 30 mg, thirty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antidepressants can be utilized for the treatment of chronic pain syndrome, neuropathic pain and depression associated with chronic pain. The records indicate that the patient is utilizing Cymbalta for the treatment of chronic pain syndrome and depression. There is documentation of efficacy and functional restoration associated with the use of the antidepressants. There is no report of adverse effect. The criteria for the use of Cymbalta 30mg #30 were met. Therefore, the request is medically necessary.