

Case Number:	CM15-0051142		
Date Assigned:	03/24/2015	Date of Injury:	06/29/2000
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/18/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old female sustained an industrial injury to bilateral hips and back on 6/29/00. Previous treatment included magnetic resonance imaging, Epidural Steroid Injections, triple blocks and medications. In a PR-2 dated 2/23/15, the injured worker complained of ongoing low back pain with radiation in the left leg, left sacroiliac joint pain, trochanteric bursa pain and bilateral hip pain. Physical exam was remarkable for cervical spine and lumbar spine with tenderness to palpation and decreased range of motion. Current diagnoses included lumbago, hip/pelvic pain and long term use of medications. The treatment plan included a prescription for Norco and left triple block injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, insufficient evidence was submitted to show this entire review was completed regarding Norco use. There was insufficient documentation of ongoing measurable functional gain and pain reduction related to Norco use to help justify its continuation. Therefore, the Norco will be considered not medically necessary.

Left side triple block injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 and Pelvis section, Sacroiliac joint blocks.

Decision rationale: The MTUS Guidelines are silent in regards to sacroiliac joint blocks/injections. The ODG, however, states that they are conditionally recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy (medications, physical therapy, etc.). Other criteria for the use of sacroiliac blocks includes: 1. History and physical suggesting diagnosis (imaging not helpful) by confirming at least three of the following tests: Cranial shear test, Extension test, Flamingo test, Fortin finger test, Gaenslen's test, Gillet's test, Patrick's test (FABER), Pelvic Compression test, Pelvic distraction test, Pelvic rock test, Resisted abduction test (REAB), sacroiliac shear test, Standing flexion test, Seated Flexion test, or Thigh thrust test (POSH), 2. Diagnostic evaluation must first address any other possible pain generators, 3. Blocks are performed under fluoroscopy, 4. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed, 5. If steroids are used the pain relief should be at least 6 weeks with at least 70% or greater pain relief, 6. Repeated blocks should be 2 months or longer from previous, 7. The block is not to be performed on the same day as an epidural injection, transforaminal epidural injection, facet joint injection, or medial branch block, and 8. Only a maximum of four times over a period of one year is recommended. In the case of this worker, there was insufficient evidence presented to support the injection of the left sacroiliac joint, left piriformis, and left trochanteric bursa. There was no documentation submitted which showed positive pelvic provocative testing to confirm the diagnosis of sacroiliac joint pain/arthritis to justify an injection. Since the injections request was submitted together in one request and the sacroiliac injection was found to be not medically necessary, the entire request will be considered not medically necessary.

