

Case Number:	CM15-0052264		
Date Assigned:	04/15/2015	Date of Injury:	11/21/1991
Decision Date:	06/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56-year-old female, who sustained an industrial injury on 11/21/1991. Diagnoses have included lumbago, sacroiliitis, lesion of sciatic nerve, spasm of muscle and lumbosacral spondylosis without myelopathy. Treatment to date has included magnetic resonance imaging (MRI), sacroiliac joint injections, and medication. On 03/18/2015, the injured worker presented for an evaluation and treatment of her work related injury. She was noted to have refractory low back and gluteal pain radiating into the left lower extremity. She reportedly had 4 separate fluoroscopically guided sacroiliac joint injections with 75% to 100% improvement during the anesthetic phase on each occasion. It was noted that the benefits persisted for several months on each occasion, but not long enough to justify repeat steroid exposure. It was noted that her SI joint pain persisted and remained the most limiting factor in terms of pain relief and function. Her medications at the time included ibuprofen 600 mg, Singulair 10 mg, phenobarbital 32.4 mg, Lipitor 20 mg, levothyroxine 88 mcg, lisinopril 10 mg, Albuterol sulfate 0.63 mg/3 mL, EpiPen, acyclovir 400 mg, and oxycodone 20 mg. On examination, there was tenderness to palpation in the bilateral SI regions, left greater than right. There was also tenderness in the left piriformis muscle, which reproduced some of the lower leg pain. She had a positive Tinel's in the popliteal region at the peroneal nerve. Motor strength was a 5/5 and sensation was intact, and she had deep tendon reflexes at a 2+ and symmetric. She also had negative straight leg raises bilaterally. Authorization was requested for spine surgery consultation for consideration for sacroiliac bone fusion; intraarticular steroid injection of sacroiliac joint; US guidance for needle placement; surgical trays; sacroiliac block with radio

frequency denervation; ketorolac Tromethamine, medication solution per 15mg for steroid injection; dexamethasone sodium phosphate, 1mg medication solution steroid injection; triamcinolone acetonide 10mg medication solution steroid injection, Xanax and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intraarticular Steroid Injection (SI 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 and Chronic), Intra-Articular Steroid Hip Injection (IASHI).

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, SI joint injections.

Decision rationale: The requested SI joint injection is not supported. The Official Disability Guidelines indicate that in order to undergo an SI joint block, the history and physical should suggest a diagnosis of sacroiliac joint dysfunction. Patients have to have failed to at least 4 to 6 weeks of aggressive conservative therapy, including physical therapy, home exercise, and medication management, and blocks should be performed under fluoroscopic guidance. The documentation submitted for review showed that the injured worker had undergone SI joint injections on 4 separate occasions that provided her with 50% to 70% pain relief. However, it was also stated that the pain relief was not significant enough to continue to subject the injured worker to continued steroid injections. In addition, the documentation provided does not show that she had a functional gain following those injections. Furthermore, a clear rationale was not provided for the medical necessity for requesting SI joint injections in conjunction with an SI joint radiofrequency neurotomy. Therefore, the request is not medically necessary.

Ultrasonic Guidance for Needle Placement: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Surgical Trays: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

SI Block with Radio Frequency Denervation: 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 and Chronic), Sacroiliac Joint Blocks.

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, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The requested SI joint block with radiofrequency denervation is not supported. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended. The documentation submitted for review indicated that the injured worker had received adequate pain relief with 4 separate SI joint blocks. However, radiofrequency neurotomies are not recommended for the SI joint per the cited guidelines. In addition, it was not stated within the request whether the right or left SI joint would be injected. Therefore, the request is not medically necessary.

Ketorolac Tromethamine, medication solution per 15mg (for steroid injection): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Dexamethasone Sodium Phosphate, 1mg medication solution (for steroid injection): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Triamcinolone Acetonide 10mg medication solution (for steroid injection): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Xanax 2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Xanax is not supported. The California MTUS Guidelines do not recommend the use of this medication for long-term treatment due to the risk of dependence. The documentation submitted for review does not show how long the injured worker has been using this medication for treatment. There was also no clear rationale provided for the medical necessity of this medication. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not medically necessary.

Oxycodone 20mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The requested oxycodone is not supported. The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation submitted for review failed to show that the injured worker has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. In addition, no official urine drug screens were provided for review to validate that she has been compliant with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not medically necessary.