

Case Number:	CM15-0060137		
Date Assigned:	04/06/2015	Date of Injury:	11/17/1983
Decision Date:	05/06/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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

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 72-year-old male, who sustained an industrial injury on 11/17/1983. The documentation submitted for this review did not include details regarding the initial injury. Diagnoses include lumbar herniation, degenerative disc disease, facet syndrome, myalgia, myositis, and sacroiliitis. He is status post cervical fusion in 2007. Treatments to date include medication therapy, epidural injections and rhizotomy that were documented to provide relief. Currently, he complained progressive return and increasing low back pain. On 12/18/14, the physical examination documented cervical trigger points with normal range of motion. The lumbar spine was found with tenderness bilaterally over L4-5 and L5-S1 with pain upon range of motion. Sacroiliac joint compression test was positive on the right side and demonstrated a positive FABERS test. The plan of care included MRI of thoracic spine and a right sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, thoracic outlet syndrome.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-7.

Decision rationale: Regarding the request for thoracic spine MRI, CA MTUS and ACOEM guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flags or neurologic deficit after failure of conservative treatment. In the absence of such documentation, the requested thoracic spine MRI is not medically necessary.

Right SI joint injection: 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), Sacroiliac joint injections.

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 Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for sacroiliac joint injections, CA MTUS does not address the issue. ODG recommends sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and there is no indication that all other possible pain generators have been addressed/ruled out. In the absence of clarity regarding these issues, the currently requested sacroiliac joint injections are not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective

functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement) and there is no discussion regarding monitoring for appropriate/aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.