

Case Number:	CM14-0143740		
Date Assigned:	09/12/2014	Date of Injury:	07/31/2011
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Medical records reflect the claimant is a 46 year old female who sustained an injury on 7-31-11. On this date, she was lifting a lot of heavy boxes. On 8-25-14, the claimant presented with ongoing low back pain radiating through the lower back down posterior bilateral legs associated with numbness. Her pain is rated as 7/10. The claimant has been treated with physical therapy and chiropractic therapy, which did not help. She had an epidural steroid injection which increased her pain. She has had 3 sacroiliac joint blocks with reported relief. The claimant has been taking increasing dose of medications. On exam, the claimant has limited range of motion, tenderness to palpation at the lumbar facets, posterior superior iliac spines, and decrease sensation through the entire right leg. Strength is 5/5, DTR are 2+.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI Joint Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip & Pelvis Procedure Summary

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 joint fusion

Decision rationale: ODG notes regarding sacroiliac joint fusion not recommended for pain except as a last resort for chronic or severe sacroiliac joint pain. There is an absence in documentation noting that this claimant has severe sacroiliac joint pain. Exam notes she has tenderness at the posterior superior iliac spines. She is non tender to lateral bending. Based on the records provided, there is no indication of severe sacroiliac joint pain. Therefore, this request is not established as medically necessary.

Butran 15mcg/hr patch 1 patch q 7 days #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27.

Decision rationale: MTUS notes Buprenorphine is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. There is an absence in documentation noting that this claimant has failed first line of treatment or that she has a history of opiate addiction. Therefore, the medical necessity of this request is not established.

Aspirin 300mg 1 tab QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - non prescription medications

Decision rationale: ODG notes non prescription medications: Recommend acetaminophen (safest); NSAIDs (aspirin, ibuprofen). (Bigos, 1999) A 2008 Cochrane review found that NSAIDs are not more effective than acetaminophen for acute low-back pain, but acetaminophen had fewer side effects, which support recommending NSAIDs as a treatment option after acetaminophen. (Roelofs-Cochrane, 2008). Based on the records provided, there is an absence in documentation noting that this claimant has failed first line of treatment. Therefore, the medical necessity of this request is not established.