

Case Number:	CM14-0024989		
Date Assigned:	06/11/2014	Date of Injury:	10/13/2008
Decision Date:	06/01/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	02/27/2014

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. 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: Massachusetts

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 45 year old female with an industrial injury dated 10/13/2008. Her diagnoses include positive diagnostic right sacroiliac injection, right sacroiliac joint pain, lumbar facet joint arthropathy, lumbar degenerative disc disease, left lumbar 4-5 facet joint cyst without nerve impingement, facet joint hypertrophy at lumbar 4-5 and lumbar 5-sacral 1, central disc bulge at lumbar 5-sacral 1 and lumbar 5-sacral 1 midline disc protrusion. Prior treatment included medication, trigger point injection and knee surgery. She presents on 02/13/2014 with complaints of bilateral low back pain. Physical exam revealed tenderness upon palpation of the lumbar paraspinal muscles. Lumbar ranges of motion were restricted by pain in all directions. Treatment plan included right sacroiliac joint radiofrequency nerve ablation and pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided right sacroiliac joint radio-frequency nerve ablation 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, Treatment of Worker's Compensation, Hip & Pelvis Procedure Summary (last updated 12/09/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The claimant sustained a work injury in October 2008 and continues to be treated for low back pain. She underwent a diagnostic right sacroiliac joint injection on 07/19/13. The procedure note was provided. The injection was done under fluoroscopic guidance and use of contrast. A low volume injection (0.5 mL) of 1% Xylocaine resulted in a greater than 70% decrease in pain lasting for over two hours. Norco is referenced as decreasing pain from 8-9/10 to 5-6/10 and allowing the claimant to perform activities of daily living and continue to work at modified duty. The total MED (morphine equivalent dose) being prescribed is 40 mg per day. Sacroiliac joint radiofrequency neurotomy is not recommended. Multiple techniques are currently described. Further studies are needed to determine the potential candidates and treatment parameters for this poorly understood disorder. The request is therefore not medically necessary.

Norco 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in October 2008 and continues to be treated for low back pain. She underwent a diagnostic right sacroiliac joint injection on 07/19/13. The procedure note was provided. The injection was done under fluoroscopic guidance and use of contrast. A low volume injection (0.5 mL) of 1% Xylocaine resulted in a greater than 70% decrease in pain lasting for over two hours. Norco is referenced as decreasing pain from 8-9/10 to 5-6/10 and allowing the claimant to perform activities of daily living and continue to work at modified duty. The total MED (morphine equivalent dose) being prescribed is 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and the medication is reported to be decreasing pain and allowing the claimant to continue working. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.