

Case Number:	CM15-0116881		
Date Assigned:	06/25/2015	Date of Injury:	10/17/2006
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/17/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 60-year-old male with a reported date of injury of 10/17/2006. He was cutting tile with a manual cutter, and as he picked up the cut tile and got up, he felt a pop and pain in his lower back. The diagnoses include cervical spinal cord compression with myelopathy; status post lumbar fusion with partial corpectomy; possible lumbar discitis/osteomyelitis; status post transforaminal lumbar interbody fusion and posterior spinal fusion; lumbar facet arthropathy; lumbar stenosis; bilateral lumbar radiculopathy; status post cervical partial corpectomy with anterior cervical discectomy and fusion; and bilateral sacroiliac joint dysfunction. Treatments and evaluation to date have included surgery, medications, and physical therapy. Norco and Lyrica were prescribed since at least July of 2014. The diagnostic studies to date have included a CT scan of the cervical spine on 04/24/2015 which showed a cage and plate at C3-4, with apparent solid fusion at C3 and C4 cage interface, some anterior displacement of the cage and anterior C3 fractured body, apparent solid fusion of the interbody cage with subsidence into C4, and multilevel disc degeneration with anterior osteophytes; x-rays of the cervical spine on 09/24/2014 which showed postoperative fusion at C3-4 with normal postoperative alignment; and x-rays of the lumbar spine which showed some residual mild to moderate stenosis due to significant foraminal collapse on the right. CT scan of the lumbar spine on 1/19/15 showed chronic osseous fusion of the sacroiliac joints. The progress report dated 04/01/2015 indicates that the injured worker rated his neck pain 4 out of 10 with medications, and 8-9 out of 10 without medications. He rated his low back pain 4 out of 10 with medications, and 8-9 out of 10 without medications. Work status was temporarily totally disabled. The

narrative progress report dated 05/28/2015 indicates that the injured worker had minimal cervical spine pain. He complained of burning in the shoulders and upper arms. He rated the pain 5 out of 10 with medications and 8 out of 10 without medication. The injured worker also complained of low back pain with numbness in the legs from the posterior thighs through the shins to the top of the feet. He rated the low back pain 5 out of 10 with medications, and 8 out of 10 without medication. It was noted that the injured worker had improved balance. The physical examination showed no swelling or gross atrophy of the paracervical muscles, well maintained cervical lordosis, no evidence of tilt or torticollis, no evidence of tenderness or spasms of the paracervical muscles or spinous processes, no tenderness over the base of the neck, no tenderness over the base of the skull, no tenderness over the trapezius musculature bilaterally, no tenderness over the interscapular space, no tenderness over the anterior cervical musculature, intact sensory in the bilateral upper extremities, an antalgic gait, use of a single point cane, palpable tenderness over the bilateral sacroiliac joints, intact sensation in the bilateral lower extremities, positive posterior thigh thrust bilaterally, positive pelvic distraction bilaterally, and positive pelvic compression bilaterally. It was noted that the injured worker had ongoing pain in the low lumbar spine around the sacroiliac joint regions bilaterally. He was scheduled for hardware blocks at L4-S1 on 06/04/2015 to determine the amount of pain is due to retained hardware. The treating physician recommended sacroiliac joint blocks bilaterally to determine the amount of pain coming from the sacroiliac joints. The injured worker will follow-up in 4-6 weeks for re- evaluation. The injured worker was temporary totally disabled until 07/09/2015. The treating physician requested pain management consultation and bilateral sacroiliac joint blocks with Arthrogram, Norco 10/325mg #60, and Lyrica 75mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for bilateral sacroiliac joint blocks with Arthrogram:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 48, 92, 296, and 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: sacroiliac joint injections hip and pelvis chapter: sacroiliac joint blocks.

Decision rationale: The CA MTUS ACOEM Guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery, or if there is difficulty obtaining information or an agreement to a treatment plan. The evidence of severe neurological compromise from a physical examination that relates to the medical history and test results may indicate the need for immediate consultation. The examination may further help to reinforce or reduce suspicions of a tumor, infection, fracture, or dislocation. There was no indication that the treating physician had any of these suspicions. The

medical records indicate that the injured worker had ongoing pain in the low lumbar spine around the sacroiliac joint regions bilaterally. The ACOEM guidelines also indicate that "injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies." The ODG notes that sacroiliac (SI) joint blocks are recommended as an option if there has been failure of at least 4-6 weeks of aggressive conservative therapy physical therapy, home exercise, and medication management. There should be evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease. At least three positive exam findings of SI joint dysfunction should be present such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork 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; Thigh Thrust Test (POSH). Diagnostic evaluation must first address any other possible pain generators. The treating physician noted palpable tenderness over the bilateral SI joints, but did not document any other physical finding consistent with SI joint dysfunction. The injured worker was scheduled for hardware blocks at L4-S1 on 06/04/2015 with a specialist to determine the amount of pain that is due to retained hardware. Due to insufficient documentation of physical examination findings of SI joint dysfunction, and the presence of another possible pain generator due to retained hardware, the request for pain management consultation for bilateral sacroiliac joint blocks with arthrogram is not medically necessary.

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78-79.

Decision rationale: This injured worker has chronic multifocal pain. Norco has been prescribed for at least nine months. The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There was no evidence of improvement in function, and no documentation of the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; low long it takes for pain relief; and how long the pain relief lasts. Work status remains temporarily totally disabled, there was no discussion of improvement in specific activities of daily living as a result of norco, and records are not consistent with a decreased dependence on medical treatment, as there have been ongoing frequent visits with the orthopedist and pain management physician and plan for another procedure. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. Results of testing should be documented and addressed. The medical records included a copy of the urine drug screen reports. The urine drug screen of 9/17/14 was negative for tramadol and hydrocodone, which were both prescribed medications. The records clearly indicate inconsistent urine drug test and the inconsistent results are not explained by treating provider, which would be necessary for continued usage. Specific functional goals and an opioid contract were not discussed. For these reasons, the request for Norco is not medically necessary.

Lyrica 75 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) and Antiepilepsy Agents (AEDs) Page(s): 16-22, 99.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no evidence that the injured worker had been diagnosed with diabetic neuropathy, postherpetic neuralgia, or fibromyalgia. The guidelines also indicate that a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. A "good" response to the use of antiepileptic drugs (AEDs) is defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. In this case, there was no documentation of at least a moderate response to Lyrica. Lyrica has been prescribed for at least nine months without documentation of functional improvement. Work status remains temporarily totally disabled, there was no discussion of improvement in specific activities of daily living as a result of use of Lyrica, and records are not consistent with a decreased dependence on medical treatment, as there have been ongoing frequent visits with the orthopedist and pain management physician and plan for another procedure. For these reasons, the request for Lyrica is not medically necessary.