

Case Number:	CM15-0118286		
Date Assigned:	06/26/2015	Date of Injury:	06/03/2004
Decision Date:	07/27/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/18/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old male, who sustained an industrial injury on 6/3/04. He has reported initial complaints of a back injury. The diagnoses have included bilateral sacroiliac joint dysfunction, lumbar spinal stenosis, lumbar disc extrusion, lumbar arthrodesis, lumbar post laminectomy syndrome, and chronic opioid therapy. Treatment to date has included medications, activity modifications, and diagnostics, Magnetic Resonance Imaging (MRI) of the lumbar spine, x-rays of the lumbar spine, surgery, physical therapy, pain management, psychiatry, labs orthopedic consults and other modalities. Currently, as per the physician progress note dated 5/6/15, the injured worker complains of chronic low back and lower extremity pain status post two surgeries which were of no benefit. The injured worker reports symptoms are unchanged. There is back and leg pain and neck with arm pain. There are complaints of burning across the low back. He reports that the pain prevents him from doing anything but light duties. The physician noted that there were positive findings of sacroiliac dysfunction and that the diagnostic injection requested to the sacroiliac joints was denied. The physical exam reveals positive sacroiliac joint findings with positive straight leg raise on the right and dysesthesias on both L5 and S1 dermatomes. The gait is antalgic and slow getting up from a chair. . There is 4/5 weakness in the left lower extremity (LLE). The current medications included Oxycodone IR and Senokot. There is no previous physical therapy sessions noted. The physician requested treatments included bilateral sacroiliac joint block and Oxycodone IR 30mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint block: 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 & Pelvis (Acute & 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) Sacroiliac injections.

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore, the requested for Bilateral Sacroiliac Joint Injection is not medically necessary.

Oxycodone IR 30mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear documentation of functional improvement with previous use of the opioids. There is no documentation of significant pain improvement

with previous use of opioids. There is no justification of continuous use of Oxycodone. Therefore, the prescription of Oxycodone IR 30mg #240 is not medically necessary.