MAXIMUS Federal Services

Case Number:	CM15-0121878		
Date Assigned:	07/06/2015	Date of Injury:	09/30/1987
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 30, 1987. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve requests for sacroiliac joint injections and Duragesic patches. The applicant personally appealed, in a letter dated June 19, 2015. The applicant acknowledged that he had failed to return to work owing to his chronic low back pain complaints. The applicant appealed the denials, stating that both his treating provider and an Agreed Medical Evaluator (AME) had endorsed the SI joint injections at issue. On a June 19, 2015 RFA form, sacroiliac joint injection therapy was endorsed. The treating provider stated that he was basing his decision on the recommendations of an Agreed Medical Evaluator (AME). In a progress note dated May 11, 2015, the applicant was described as having undergone recent sacroiliac joint injection therapy. The applicant was also using Duragesic patches, it was reported. The applicant did have ongoing lumbar radicular pain complaints, it was noted, with hyposensorium about the legs appreciated on exam. The attending provider stated that the applicant had an established diagnosis of lumbar radiculopathy, radiographically confirmed. SI joint tenderness and myofascial tenderness were appreciated with decreased range of motion about the lumbar spine. The applicant exhibited a mild limp. The applicant was given various diagnoses, including sacroiliac joint pain, lumbar disk herniations, and left lower extremity lumbar radiculopathy. An epidural steroid injection, multiple SI joint injections, and Duragesic patches were endorsed. The applicant had received a prior SI joint injection on May 6, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint injection, quantity: 2: 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 (updated 10/09/14) Sacroiliac joint blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Low Back Disorders, pg. 6111.

Decision rationale: No, the request for two left sacroiliac joint injections was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of sacroiliac joint injections. However, the Third Edition ACOEM Guidelines Low Back Chapter notes on page 611 that sacroiliac injections are not recommended in the treatment of radicular pain, as was present here. However, the Third Edition ACOEM Guidelines Low Back Chapter notes on page 611 that sacroiliac joint injections are not recommended in the treatment of any radicular pain syndrome but, rather, should be reserved for applicants with some rheumatologically-proven inflammatory arthropathy involving the SI joints. Here, however, there was no mention of the applicant's having any kind of rheumatologically proven spondyloarthropathy implicating the SI joints. Sacroiliac joint injection therapy was not, thus, indicated in the radicular low back pain context present here, per ACOEM. Therefore, the request was not medically necessary.

Duragesic patch 50 mcg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for fentanyl (Duragesic), a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for

continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, as he himself acknowledged on his appeal letter dated June 19, 2015. The applicant acknowledged that he had not worked in some five and half years, he reported on his May 19, 2015 letter. The attending provider likewise failed to outline either quantifiable decrements in pain or meaningful or material improvements in function (if any) effected as a result of ongoing Duragesic usage on his May 11, 2015 progress note. On that date, the attending provider stated that the applicant had shown limited improvement with various therapies through that point in time. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Duragesic. Therefore, the request was not medically necessary.