

Case Number:	CM15-0171912		
Date Assigned:	09/14/2015	Date of Injury:	06/06/2003
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

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

This injured worker is a 59-year-old female with an industrial injury dated 6/06/03. The mechanism of injury was not documented. The progress reports from 1/27/15 through 4/24/15 documented on-going low back and leg pain, rated at grade 7-8/10 with medications. There were also intermittent complaints of hip/bursal pain noted. The 1/27/15 physical exam documented lumbar spine and facet tenderness, and sacroiliac joint and greater trochanter tenderness bilaterally. The 2/24/15 physical exam documented lumbar spine and facet tenderness, and bilateral sacroiliac (SI) joint tenderness. Physical exam findings on 3/24/15 and 4/24/15 documented lumbar and facet tenderness and decreased range of motion. Medications included on-going Norco use and intermittent Toradol injections. On 3/24/15, ibuprofen and Fluoromethane topical spray were also prescribed. Records documented on-going medication authorizations of Norco in March and April 2015 based on pain reduction and no adverse side effects or issues on non-adherence. The 7/7/15 emergency department records indicated that the injured worker presented with an exacerbation of grade 9/10 low back pain occasionally radiating to the lateral right knee. She reported a flare-up after climbing stairs 5 days prior. Physical exam documented normal gait, bilateral lumbosacral paraspinal muscle tenderness, lumbar flexion to the knees, and lumbar extension to 10 degrees. Neurologic exam documented normal lower extremity reflexes, sensation, and strength. Straight leg raise was negative bilaterally. She was treated with an injection of Dilaudid and oral Zofran, and discharged with a prescription of Baclofen and Zofran. The 7/15/15 treating physician report indicated that the injured worker had an exacerbation of pain on 7/4/15. She went to the emergency room and was

given an injection of Dilaudid which made her sick. She was approaching baseline. Medications worked but with continued pain. Current complaints included grade 7/10 low back and leg pain. She was able to perform household and self-care activities of daily living, but was unable to garden. Current medications included Wasabi hot cream, Norco, ibuprofen, and ethyl chloride and Fluoromethane topical spray. Physical exam documented tenderness at the lumbar spine and facet joints, with decreased flexion, extension, and lateral bending. The diagnosis included lumbago, low back pain, and thoracic/lumbar radiculitis. A Toradol injection was administered, and Norco 10/325 mg #200 was prescribed. The treatment plan recommended lumbar surgery and bilateral triple blocks. She remained off work. Authorization was requested for lumbar surgery, bilateral sacroiliac joint injections, bilateral piriformis injections, and bilateral trochanteric bursa injections performed twice, and Norco 10-325 mg #200. The 7/31/15 utilization review non-certified the request for lumbar spine surgery as there was no recent imaging studies or indication of the level of pain generation, no failure of conservative treatment, and no indication of psychological assessment. The request for bilateral sacroiliac joint injections, bilateral piriformis injections, and bilateral trochanteric bursa injections was partially certified for one set of bilateral trochanteric bursa injections. The rationale stated that there was no specific diagnosis relative to SI joint pain, evidence of 3 positive exam findings, no clear exclusion of other pain generators, or evidence of failed aggressive conservative treatment to support SI joint injections. The rationale stated that there were no signs/symptoms, clinical exam findings, or diagnosis relative to piriformis disorder to support the medical necessity of piriformis injections. The request for Norco 10/325 mg #200 was non-certified as there was no evidence of functional improvement despite long-term use, and records indicated that previous reviews since 6/17/15 had non-certified the request so there was no need for weaning. The 8/10/15 treating physician report cited continued low back pain and hip pain. Pain was reported grade 7/10 with medications, and grade 10/10 without medications. She was able to perform household and self-care activities of daily living, but was unable to garden. Physical exam documented lumbar spine and facet joint tenderness with limited range of motion. The diagnosis was lumbago, low back pain, hip/pelvic pain, and trochanteric bursitis. Bilateral trochanteric bursa injections were performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #200: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased

level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have been essentially met. This injured worker presents with on-going low back and lower extremity pain. Pain was reported grade 7-8/10 with medication use, and grade 10/10 without medications. Functional assessment noted she was able to perform household and self-care activities of daily living with medications. Records documented that she had been using Norco since 2007, with stable dosage noted since at least 1/27/15. Records additionally noted that urine drug testing had been compliant. Therefore, this request is medically necessary.

One (1) bilateral sacroiliac joint injections, bilateral piriformis injections and bilateral trochanteric bursa injections performed twice: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis: Sacroiliac joint blocks; Piriformis injections; Trochanteric bursitis injections.

Decision rationale: The California MTUS guidelines do not provide recommendations for sacroiliac (SI) joint, piriformis, or trochanteric bursa injections. The Official Disability Guidelines recommend SI joint injections when specific indications are met. Criteria include the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings), diagnostic evaluation must first address any other possible pain generators, and failure of at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The ODG recommend injections for piriformis syndrome after a one-month trial of physical therapy. Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurologic signs. Pain is exacerbated in prolonged sitting. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip. Guidelines recommend injections for trochanteric bursitis, which should be considered as first-line treatment. Guideline criteria have not been met. This injured worker presented most recently with complaints of low back and leg pain. Clinical exam findings documented tenderness over the lumbar spine and facet joints, and limited lumbar flexion, extension, and lateral flexion. There was no documentation of provocative testing for sacroiliac joint or piriformis generated pain, or related diagnosis. There was no current hip exam documented, although previous evidence of trochanteric bursitis was noted. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. The 7/31/15 utilization review modified this request and approved bilateral trochanteric bursa injections. There is no compelling rationale presented to support additional authorization at this time. Therefore, this request is not medically necessary.

One (1) lumbar surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short-term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. Guideline criteria have not been met. This injured worker presents with persistent low back pain radiating into the legs. Clinical exam findings do not evidence a focal neurologic deficit. There are no imaging reports or discussion of imaging findings to support the medical necessity of lumbar surgery relative to a surgical lesion. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, the specific surgical procedure and level has not been provided to allow for utilization review. Therefore, this request is not medically necessary.