

Case Number:	CM15-0175673		
Date Assigned:	10/08/2015	Date of Injury:	11/02/2001
Decision Date:	11/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 53 year old female, who sustained an industrial injury on 11-2-01. The injured worker has complaints of low back pain that radiates to the legs. The documentation on 8-5-15 noted that the cervical spine examination revealed no lesions or deformities; paraspinal musculature is nontender to palpation, no pain with facet loading. Lumbosacral spine examination revealed no lesions or deformities, paraspinal musculature is non-tender to palpation, no pain with facet loading, sacroiliac joint tenderness, bilateral greater trochanteric bursa are not tender to palpation. The diagnoses have included sacroiliitis, not elsewhere classified; myositis and spondylosis. Treatment to date has included S1 (sacroiliac) joint injection with 80 percent relief for one week only; amitiza; norco; horizant changed to gabapentin; percocet; valium and zipsor. The original utilization review (8-26-15) non-certified the request for sacroiliac joint radiofrequency ablation with sedation and norco 10-325mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint radiofrequency ablation with sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic) - Sacroiliac joint radiofrequency neurotomy.

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, Sacroiliac Joint Radiofrequency Neurotomy.

Decision rationale: The MTUS is silent on sacroiliac joint rhizotomy. Per the ODG guidelines with regard to sacroiliac radiofrequency neurotomy: Not recommended due to the lack of evidence supporting use of this technique. Current treatment remains investigational. More research is needed to refine the technique of SI joint denervation, better assess long-term outcomes, and to determine what combination of variables can be used to improve candidate screening. As the requested procedure is not recommended, the request is not medically necessary.

Percocet 10/325mg, #60: Upheld

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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is insufficient documentation comprehensively addressing this concern in the records available for my review. It was noted that CURES was checked. There were no records of UDS. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.