

<b>Case Number:</b>	CM15-0178867		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 45 year old male who sustained an industrial injury on 3-11-10. According to the medical records he has been treated for ongoing neck and low back pain. Progress report dated 7-29-15 reports continued complaints of left sided low back pain and left buttock pain spreading down the back of the left leg. He has numbness and cramping with pain in the back area. He has complaints of trouble sleeping and nausea with the pain. Objective findings: lumbar spine extension measured 10 degrees, flexion measured 40 degrees, spasm and guarding noted. Diagnoses include syndrome postlaminectomy lumbar, disorder of the coccyx, lumbar disc displacement without myelopathy, pain psychogenic, degeneration lumbar lumbosacral, stenosis spinal lumbar, cervical dis displacement. Medications include: DSS soft gel, Naproxen 550 mg one twice daily, Pantoprazole-Protonix 20 mg 1-2 daily, Fluoxetine Prozac 40 mg 1 daily, Hydrocodone APAP 10-325 mg 1 twice daily, Morphine Sulfate 75 mg daily, Metformin 500 mg and Cymbalta 30 mg. Plan of care includes: request medications as prescribed (Metformin and Cymbalta other MD), refill morphine ER 30 mg twice per day and 15 mg once daily making total of 75 mg daily, request left SI joint injection, sacroiliac joint arthrogram, fluoroscopic guidance, IV sedation. Work status: permanent and stationary. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left SI joint injection, sacroiliac joint arthrogram with fluoroscopic guidance and IV seation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) - Sacroiliac joint injections; ODG, Hip & Pelvis (Acute & Chronic) - Sacroiliac joint blocks.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter, page 20.

**Decision rationale:** In this case, the claimant does have SI joint pain and dysfunction, however there is no mention of failure of therapy or conservative measures. In addition, the ACOEM guidelines do not recommend invasive procedures due to their short-term benefit. There is no indication for sedation. The request for left SI joint injection, sacroiliac joint arthrogram with fluoroscopic guidance and IV sedation is not medically necessary.

**Morphine sulfate ER (extended release) 30mg, #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): Oral morphine.

**Decision rationale:** Morphine is not considered 1st line for mechanical or compressive etiologies. The claimant had Morphine for several years. Long-term use if not recommended. It has been used along with NSAIDS and Norco. The combined does of MS Contin in 15 mg and 30 mg tabs along with Norco exceed the 120 mg of Morphine equivalent recommended daily. Pain score reduction with all medications was only 2 points. The continued use of Morphine as above is not medically necessary.