

Case Number:	CM15-0029595		
Date Assigned:	02/23/2015	Date of Injury:	02/20/2007
Decision Date:	04/01/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/18/2015

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: California
 Certification(s)/Specialty: Emergency 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 48 year old male who sustained a work related injury February 20, 2007. While climbing down a ladder, the ladder collapsed, falling 24 feet onto concrete, fracturing the left hand and arm, thoracic and lumbar vertebrae, 5 ribs and pelvis, followed by 3 surgeries to the left arm and hand. According to a pain management office visit note, dated January 13, 2015, the injured worker presented with continued pain in the right arm and shoulder radiating to the neck and low back, radiating into both legs. He uses a modified [REDACTED] crutch for stability, which he can only use with his right arm due to the left arm injury. Because of this, his right arm and shoulder have been subject to overuse and the increased pain in the area. Also, there is increased pain to the lower back and buttocks bilaterally due to his gait. Assessment included degeneration of lumbar disk(s); chronic pain syndrome; cervicgia; cervical radiculopathy and myalgia. Treatment plan included continue medications and request for sacroiliac injections. According to utilization review dated January 22, 2015, the request for (1) SI (sacroiliac) joint injection under fluoroscopic guidance is non-certified, citing Official Disability Guidelines (ODG). The request for Methadone 10mg #210 has been modified to Methadone 10mg #35, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One SI joint injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines sacroiliac blocks.

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 (Acute & Chronic), Sacroiliac joint blocks.

Decision rationale: The requested One SI joint injection under fluoroscopic guidance is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, note criteria for such injections as The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. The injured worker has continued pain in the right arm and shoulder radiating to the neck and low back, radiating into both legs. He uses a modified [REDACTED] crutch for stability, which he can only use with his right arm due to the left arm injury. Because of this, his right arm and shoulder have been subject to overuse and the increased pain in the area. Also, there is increased pain to the lower back and buttocks bilaterally due to his gait. The treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met, One SI joint injection under fluoroscopic guidance is not medically necessary.

Prescription of Methadone 10mg, #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Pages 61-62 Page(s): 61-62.

Decision rationale: The requested Methadone 10mg, #210 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Methadone, Pages 61-62, note that Methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The injured worker has continued pain in the right arm and shoulder radiating to the neck and low back, radiating into both legs. He uses a modified [REDACTED] crutch for stability, which he can only use with his right arm due to the left arm injury. Because of this, his right arm and shoulder have been subject to overuse and the increased pain in the area. Also, there is increased pain to the lower back and buttocks bilaterally due to his gait. The treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment. Objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures

of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Methadone 10mg, #210 is not medically necessary.