

Case Number:	CM15-0048192		
Date Assigned:	04/14/2015	Date of Injury:	11/21/1991
Decision Date:	05/29/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56-year-old female who reported an injury on 11/21/1991. The mechanism of injury reportedly occurred as the injured worker was climbing out of a back hoe and she sustained a lateral dislocation of the left patella. Her diagnoses included lumbago, sacroiliitis, lesion of sciatic nerve, spasm of muscle, pain in joint involving lower leg, displacement of lumbar intervertebral disc, and lumbosacral spondylosis without myelopathy. Her past treatments have included medications, physical therapy, radiofrequency denervation, trigger point injections, and SI joint injections. Pertinent diagnostic studies included an MRI of the lumbar spine performed on 05/21/2012 with findings of: At L3-4, there is moderate bilateral facet joint hypertrophy. There is mild disc desiccation. There is a minimal right lateral disc bulge that causes mild right neural foraminal stenosis and crowding of exiting right L3 nerve root. At L4-5, there is moderate bilateral facet joint hypertrophy. There is no evidence of a herniated nucleus pulposus. There is no significant neural foraminal stenosis. At L5-S1, there is a broad based annular small disc protrusion and moderate bilateral facet joint hypertrophy. There is moderate right and mild left neural foraminal stenosis. There is a mild impingement on the right on the exiting right L5 nerve root, there is disc desiccation. Additional diagnostic studies include an MRI of the left knee performed on 11/30/2012 with findings of oblique linear signal extending to the body of the medial which has appearance of scarring. Less likely, this could also represent a meniscal tear and correlation with surgical history is recommended. Mild undersurface irregularity of the posterior horn of the lateral meniscus, which could be a post-surgical change or it could represent a tiny tear. Tiny joint effusion and tiny popliteal cyst. Mild

chondral thinning and irregularity in the lateral femoorital articulation. Her surgical history included 5 knee surgeries. The injured worker presented on 03/03/2015. There were no subjective complaints in the documentation submitted for review. Upon physical examination, tenderness in palpation in the bilateral sacroiliac region, left greater than right, was noted. There was tenderness in the left piriform musculature which produces some of the injured worker's lower leg pain. Additionally, the injured worker was noted to have a positive Tinel's sign in the popliteal region at the peroneal nerve. The injured worker's motor strength was 5/5. The injured worker's sensory exam was noted to be intact to light touch and deep tendon reflexes were 2+ and symmetric. The injured worker had a negative straight leg raise test bilaterally. Her current medication regimen included Lipitor, ibuprofen, Singulair, phenobarbital, levothyroxine, lisinopril, albuterol sulfate, EpiPen, Acyclovir, oxycodone, Soma, and Xanax. The treatment plan included pharmacotherapy, a referral for an SI intra-articular steroid injection or SI block with radiofrequency denervation, and a referral to spine surgery, and a followup in 1 month. The rationale for the request was that the injured worker has failed an adequate course of conservative therapy, and that the injured worker has had positive response to sacroiliac injections under fluoroscopic guidance in the past. A Request for Authorization form dated 03/03/2015 was submitted in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasounded guided Bilateral S1 Ligament and Sulcus Steroid Injection done in office:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Intra-articular steroid hip injection (IASHI).

Decision rationale: The request for ultrasound guided bilateral S1 ligament and sulcus steroid injection done in office is not medically necessary. The injured worker has left SI joint pain. The documentation submitted for review provided evidence that the injured worker has had previous relief from SI joint injections. The documentation submitted for review further provided evidence that the injured worker's previous 4 injections provided 75% to 100% improvement. However, the documentation failed to provide evidence of aggressive physical therapy targeting the SI joints. Additionally, the documentation submitted for review did not include three positive examination findings. Given the above, the request for ultrasound guided bilateral S1 ligament and sulcus steroid injection done in office is medically necessary.

Ultrasound guided Left Piriformis Muscle Injection done in office: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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), Piriformis injections.

Decision rationale: The request for ultrasound guided left piriformis muscle injection done in office is not medically necessary. The injured worker has left piriformis muscle pain. The Official Disability Guidelines recommend piriformis injections for piriformis pain after a 1 month physical therapy trial. The documentation submitted for review failed to provide evidence of the injured worker participating in physical therapy 1 month prior to the request of the piriformis injection. In the absence of the aforementioned documentation, the request is not supported by the guidelines. As such, the request for ultrasound guided left piriformis muscle injection done in office is not medically necessary.

SI Injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 request for SI injection under fluoroscopy is medically necessary. The injured worker has low back pain. The Official Disability Guidelines recommend sacroiliac blocks with documentation of at least 3 positive exam findings to include: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). The documentation submitted for review provides evidence that the injured worker has had positive pain relief from 4 previous SI joint injections. However, the documentation failed to provide evidence of aggressive physical therapy targeting the SI joints. Additionally, the documentation submitted for review did not include three positive examination findings. Given the above, the request for SI injection under fluoroscopy is medically necessary.

Radiofrequency to the innervation of bilateral sacroiliac joint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 radiofrequency neurotomy.

Decision rationale: The request for radiofrequency to the innervation of bilateral sacroiliac joint is not medically necessary. The injured worker has low back pain. The Official Disability

Guidelines do not recommend sacroiliac joint radiofrequency neurotomy. The request as submitted is not supported by the guidelines. Given the above, the request in its entirety is not medically necessary. As such, the request for radiofrequency to the innervation of bilateral sacroiliac joint is not medically necessary.

L5 DR, S1, S2, and S3 lateral branch blocks (with radiofrequency denervation): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint radiofrequency neurotomy.

Decision rationale: The request for L5, DR, S1, S2, and S3 lateral branch blocks with radiofrequency denervation is not medically necessary. The injured worker has low back pain. The California ACOEM Guidelines do not recommend facet joint injections. Additionally, the Official Disability Guidelines state that the criteria for the use of facet joint radiofrequency neurotomy requires a diagnosis of facet joint pain using a medial branch block, and is limited to patients with low back pain that is not radicular and at no more than 2 levels bilaterally. The documentation submitted for review provides evidence that the injured worker has radicular low back pain. Given the above, the request is not supported by the guidelines. As such, the request for L5, DR, S1, S2, and S3 lateral branch blocks with radiofrequency denervation is not medically necessary.

Oxycodone 20mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 76-78.

Decision rationale: The request for Oxycodone 20 mg #150 is not medically necessary. The California Medical Treatment Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review did not include a detailed pain assessment to establish adequate pain relief with the use of Oxycodone. Additionally, there was also no evidence of functional improvement or lack of adverse effects and aberrant behaviors. Furthermore, a urine drug screen was not submitted to verify appropriate medication use. In the absence of the documentation showing details regarding the injured worker's medications, including her use of Oxycodone, and the appropriate documentation to support the ongoing use of opioids, the request is not supported. Moreover, the request as submitted did not specify a frequency of use. As such, the request for 1 prescription of Oxycodone 20 mg #150 is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: In regard to the request for Soma 350 mg #90, the request is not medically necessary. The injured worker has low back pain. The California Medical Treatment Guidelines do not recommend the use of Soma. Furthermore, the guidelines state that the medication is not intended for long term use. The documentation submitted for review provides evidence that the patient has had extended use of Soma. Given the above, the request is not supported by the guidelines. Moreover, the request as submitted did not include a frequency of use. As such, the request for 1 prescription for Soma 350 mg #90 is not medically necessary.

Xanax 2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of medication Page(s): 24, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: In regard to the request for Xanax 2 mg #90, the request is not medically necessary. The California Medical Treatment Guidelines do not recommend benzodiazepines for long term use. Additionally, the guidelines state that most guidelines limit use to 4 weeks. The injured worker has low back pain. The documentation submitted for review provides evidence of long term use of Xanax. Moreover, the request as submitted failed to include a frequency of use. Given the above, the request in its entirety is not supported by the guidelines. As such, the request for Xanax 2 mg #90 is not medically necessary.