

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/13/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/13/2013
Date of Injury: 3/19/1997
IMR Application Received: 8/21/2013
MAXIMUS Case Number: CM13-0014202

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 sacroiliac joint block is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 Cymbalta 60 mg #30 is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/21/2013 disputing the Utilization Review Denial dated 8/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/3/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 sacroiliac joint block is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 Cymbalta 60 mg #30 is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This is a male patient with a date of injury of March 19, 1997. A utilization review determination dated August 12, 2013 recommends non-certification for sacroiliac blocks and Cymbalta 60 mg. A progress report dated July 18, 2013 identifies subjective complaint stating "patient is Post op surgery performed November 27, 2013. Reports return of pain after boating. Denies incident of accidental injury or fall. States having a crawling sensation throughout bilateral lower legs that is continuous. Not really helped by medications for pain management, postures, values including heat or ice, denies bowel bowel or bladder symptoms. He continues to follow up with pain management doctor [REDACTED]." Objective examination identifies "well-heeled midline laminectomy scar extending from L3 through the sacrum. There is a subcutaneous stimulator generator present. There is moderate tenderness to palpation throughout the entire lumbar spine with 2+ paravertebral spasm." "Straight leg raise test is positive at 45° bilaterally in the sitting position reproducing back pain and sciatica." Diagnoses include: spondylosis, lumbar radicular, lumbar stenosis, bilateral SI joint disease." Current treatment plan recommends "SI joint blocks at [REDACTED], Cymbalta 60 mg 1 Q day #30." A progress report dated August 21, 2013 states "my pain in low back, radiates to legs." Medications during a visit include OxyContin, morphine sulfate, Celebrex, Lyrica, and Neurontin. A progress report dated September 25, 2013 seems to indicate that the patient has 60% low back pain and 40% lower extremity pain. The remainder of the note is largely illegible.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from Claims Administrator

1) Regarding the request for 1 sacroiliac joint block:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Low Back, page 300, which is part of the MTUS, as well as the Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Sacroiliac Blocks, which is not part of the MTUS.

Rationale for the Decision:

According to the ODG, sacroiliac blocks can be recommended as an option if the employee has failed at least 4 to 6 weeks of aggressive conservative therapy. The ODG also states that the criteria for the use of sacroiliac blocks includes a history and physical examination which suggests a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. According to the medical records provided, there is no indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction. Additionally, it appears that the employee's findings may be attributable to lumbar radiculopathy. **The request for 1 sacroiliac joint block is not medically necessary or appropriate.**

2) Regarding the request for 1 Cymbalta 60 mg #30:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pages 14-17, which is part of the MTUS.

Rationale for the Decision:

According to the Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first-line option for neuropathic pain and is a possibility for non-neuropathic pain. The guidelines go on to recommend tricyclic antidepressants to be used first, but then go on to state that SNRI (serotonin and noradrenaline reuptake inhibitor) medications are used off label for neuropathic pain and radiculopathy. According to the medical records that were provided, it is clear that the employee has significant neuropathic pain. The employee has tried and failed numerous first and second line neuropathic pain medications including Lyrica and Neurontin. The employee has physical examination findings supporting a diagnosis of neuropathic lower extremity pain. **The request for 1 Cymbalta #30 is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dat

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.