

Case Number:	CM13-0070874		
Date Assigned:	01/08/2014	Date of Injury:	03/02/2011
Decision Date:	03/24/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43-year-old injured worker with a 3/2/11 date of injury. At the time of request for authorization for Bilateral sacroiliac joint injection under fluoro guidance and Trigger point injections 3 muscles at low back, there is documentation of subjective findings, buttock pain radiating to the posterior thigh. Objective findings of limited cervical range of motion, lumbar tenderness, limited lumbar range of motion, reduced sensation in the left L4 dermatome, and positive Patrick's test bilaterally findings. Current diagnoses include cervical disc disease C3-7 and lumbar disc disease L2-L5. Treatment to date includes lumbar epidural steroid injections, medication, and activity modification. There is no documentation of additional exam findings (Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH), circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, and additional conservative therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection under fluoro guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS/ACOEM guidelines identifies that invasive techniques are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines (ODG) identifies documentation at least 3 positive exam findings such as: 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; and/or Thigh Thrust Test (POSH)]; diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including physical therapy, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block as criteria necessary to support the medical necessity of sacroiliac joint injection. Within the medical information available for review, there is documentation of diagnoses of cervical disc disease C3-7 and lumbar disc disease L2-L5. In addition, there is documentation of a positive exam finding [Patrick's Test (FABER)]; diagnostic evaluation addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. However, there is no documentation of 2 additional exam findings that may consist of a Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]. In addition, there is no documentation of additional conservative therapy (physical therapy). The request for a bilateral sacroiliac joint injection under fluoro guidance is not medically necessary and appropriate.

Trigger point injections 3 muscles at low back:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria

necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of cervical disc disease C3-7 and lumbar disc disease L2-L5. In addition, there is documentation of myofascial pain syndrome; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, NSAIDs, and muscle relaxants have failed to control pain; and no more than 3-4 injections per session. However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain and additional conservative treatment (physical therapy). In addition, given documentation of objective findings (reduced sensation in the left L4 dermatome), there is no documentation that radiculopathy is not present (by neuro testing). The request for Trigger point injections 3 muscles at low back is not medically necessary and appropriate.