

<b>Case Number:</b>	CM14-0019320		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	01/14/2004
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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 injured worker is 61 year old male with a reported date of injury on 01/14/2004. The mechanism of injury was a motor vehicle accident with a drunk driver while performing duties as a police officer. The injured worker complained of pain in the low back, left knee, left shoulder and internal organs. According to the clinical note dated 12/03/2013 the injured worker reported his pain level at -1/10. He received "moderate" relief from physical therapy, 3 epidural injections, TENS unit and heat therapy. The injured worker's lumbar spine range of motion was reported with flexion to 50 degrees, extension to 15 degrees, lower extremity reflexes were equal and symmetric. The injured worker had a negative straight leg raise and Babinski's test. According to the documentation the injured worker had been experiencing the same pain for approximately nine years. According to the clinical note dated 01/27/2014 the injured worker presented with a positive left Patrick's test, Gaenslen's maneuver and pressure at the sacral sulcus. The injured worker's diagnoses included pain in joint of multiple sites, enthesopathy of knee not elsewhere classified, thoracic or lumbosacral neuritis or radiculitis. Lumbar disc displacement without myelopathy and pain in shoulder joint. The injured workers medication regimen included Ambien, Ativan, Avelox, Bystolic, Crestor, Dilaudid, Fenofibrate, Keflex, Lipitor Micardis, OxyContin 60 mg, OxyContin 80 mg, Prozac, Senna, Xanax, Simvastatin, Bystolic, Lipitor, Micarids, and Amlodipine. The request for authorization of the left SI joint injection with fluoroscopy, radiologic examination, hip arthrography, radiological supervision and interpretation, needle localized by x-ray, IV infus therapy, follow-up visit in two weeks and retrospective 12 panel UDS was submitted on 02/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SI JOINT INJECTION WITH FLUOROSCOPY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip And Pelvis, Sacroiliac Blocks.

**Decision rationale:** The Official Disability Guidelines note there is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. The guidelines note the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings including: 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). According to the clinical note dated 07/11/2013, the injured worker stated that physical therapy along with heat decreased pain to 1/10. The clinical note dated 01/27/2014 indicated the physician noted that the injured worker failed physical therapy, NSAIDs, and conservative treatment. The injured worker had a positive Patrick's test, Gaenslen's maneuver and pressure at the sacral sulcus; however, the clinical information provided for review lacks significant documentation of at least three signs and symptoms of sacroiliac dysfunction and functional deficits. Therefore, the request for left S1 joint injection with fluoroscopy is not medically necessary.

**RADIOLOGIC EXAMINATION, HIP ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip And Pelvis, Sacroiliac Blocks.

**Decision rationale:** The Official Disability Guidelines note arthrography is recommended for suspected labral tears. The guidelines note a combination of MR arthrography and a small field of view is more sensitive in detecting labral abnormalities than is conventional MRI with either a large or a small field of view. The injured worker presented with a positive left Patrick's test, Gaenslen's maneuver and pressure at the sacral sulcus. The provider indicated the injured worker failed conservative care with physical therapy and NSAID medications. However, the requesting

physician's rationale for the request was unclear. It was unclear if a labral tear was suspected and if the injured worker had significant functional deficits. As the request for left S1 joint injection with fluoroscopy is non-certified, the request for radiologic examination, hip arthrography, radiological supervision and interpretation are not medically necessary.

**NEEDLE LOCALIZATION BY X-RAY: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**IV INFUS THERAPY: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**FOLLOW-UP VISIT IN TWO WEEKS: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**RETROSPECTIVE 12 PANEL UDS: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 43, 77, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-76.

**Decision rationale:** The request for retrospective 12 panel UDS is certified The CA MTUS guidelines recommend urine drug screening for injured workers with issues of abuse, addiction, or poor pain control. According to the clinical documentation provided the injured worker has

utilized opioids since 2004. In addition the injured worker was treated at a facility for opioid addiction in May of 2013. According to the documentation the injured worker was weaned off opioid by December of 2013, but was discharged from his doctor. The injured worker was referred to another physician in January 2014, who placed the injured worker back on a high level of opioids. As the injured worker has a documented history of opioid use, addiction and abuse the request for retrospective 12 panel UDS is medically necessary.