

<b>Case Number:</b>	CM14-0177527		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year old female with an injury date on 06/24/2013. Based on the 10/22/2014 "medical legal report to appeal the denial of the procedure and medication" provided by [REDACTED], the diagnoses are: 1. Right sacroiliac joint pain. 2. Right lumbar facet joint pain L4-5, L5-S1. 3. Lumbar facet joint arthropathy. 4. Left shoulder pain. According to this report, the patient complains of "right low back pain with right buttock pain and left shoulder pain." Prolonged sitting, prolonged standing, lifting, twisting, driving, any activities, lying down, coughing, sneezing and bearing down would exacerbate the pain. A focused musculoskeletal/spine exam reveals tenderness upon palpation of the lumbar paraspinal muscles and right sacroiliac joint sulcus. Lumbar range of motion is restricted with pain. Gaenslen's, Patrick's maneuver, Yeoman's, pressure at the sacral sulcus were positive on the right. There were no other significant findings noted on this report. The utilization review denied the request on 10/20/2014. [REDACTED] is the requesting provider, and he provided treatment report date 10/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically-guided diagnostic right sacroiliac joint injection with moderate sedation:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Sacroiliac injections; Pain, Epidural steroid injections (ESIs)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter under SI joint injections

**Decision rationale:** According to the 10/22/2014 report by [REDACTED] this patient presents with "right low back pain with right buttock pain and left shoulder pain." The treater is requesting fluoroscopically-guided diagnostic right sacroiliac joint injection with moderate sedation. Regarding diagnostic sacroiliac joint injections, ODG guidelines recommend SI joint injection for 3 positive exam maneuvers which this patient does have per examination. Given the patient's SI joint symptomology a diagnostic sacroiliac joint injection is within ODG guidelines. The request is medically necessary.

**Norco 10/325 mg #180 for lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88, 89.

**Decision rationale:** According to the 10/22/2014 report by [REDACTED] this patient presents with "right low back pain with right buttock pain and left shoulder pain. "The treater is requesting Norco 10/325mg #180 for lumbar spine. Norco was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treating physician, Norco "provides 60% improvement for her pain with 60% improvement of her activities of daily living such as self-care, dressing. She is on an up-to-date pain control and her previous UDS were consistent with no aberrant behavior. The patient's Oswestry Disability Index score is a 21 (42% disability) with the use of Norco, while the patient's Oswestry Disability Index score is a 33 (66% disability) without the use of Norco. This demonstrates objective functional improvement." In this case, reports show discussion regarding analgesia and ADL's. However, no specific ADL's are discussed to show significant improvement. Only general statements are used. No exercises, house work, work status, social interactions are discussed to show how this medication is significantly improving those areas. No validated instruments are used to show functional gains either, a no outcome measures as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy from

chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.