

<b>Case Number:</b>	CM14-0000207		
<b>Date Assigned:</b>	02/13/2014	<b>Date of Injury:</b>	02/21/2006
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Family Practice, 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:

Applicable Criteria/Guideline: CA MTUS, 2009, Chronic Pain Medical Treatment Guidelines does not address; ODG, Hip and Pelvis section. Date/First Report of Injury: 2/21/2006 Injured Worker Age, Gender and Complaints: Per the primary treating provider's orthopedic evaluation dated 12/4/12, this 61 year old male complained of worsening of low back complaints over the past 1 months due to colder weather. He noted increased complaints with walking. He complained of constant slight to intermittent moderate and occasionally severe low back pain radiating down the left posterior leg to the foot with numbness, tingling and weakness. At 11/11/13 visit with primary treating provider, the injured worker was seeking treatment. At his previous visit on 6/24/13, he did not want any treatment other than renewal of his Vicodin, which the primary treating provider did not feel was appropriate. He had continued complaints of pain in his left sacroiliac joint and pain radiating down his leg upon elevation of his leg. Per notes from primary treating provider dated 12/9/13, injured worker presented for appointment with complaints of being able to extend his leg but had pain with radiation down his left leg, particularly focused in his left sacroiliac joint. Treating/Referral Provider Findings: Per the primary treating provider's orthopedic evaluation dated 12/4/12, exam of the lumbar spine revealed flexion at 40 degrees with low back pain, extension at 10 degrees with low back pain as well as lateral flexion at 10 degrees bilaterally with tightness. Straight leg raise was positive on the left with pain radiating down the posterior leg with tightness and low back pain. Per 11/11/13 assessment performed by the primary treating provider, the injured worker was able to mount and dismount the examination table without apparent difficulty. He was able to extend his leg but had pain with radiation down his left leg, focused in left sacroiliac joint. Conservative treatment with results: Per the primary treating provider's orthopedic evaluation dated 12/4/12, the injured worker was taking three Lorcet Plus tablets per day. Due to the recent increase in complaints, has

had to increase his intake to 4 tablets per day. He was also using Terocin cream topically. His last course of physical therapy was approximately 5 years ago, which he states was helpful in reducing his low back complaints. At the time of the visit, the provider recommended a course of therapy consisting of therapeutic exercises with core training and stabilization, massage and therapeutic modalities to reduce symptoms. The patient was dispensed Lorcet Plus 7.5/650 mg #90, one pill every 4-6 hours for pain and Terocin cream 120 mL, two tubes as a topical analgesic to be applied twice daily. According to 11/11/13 progress notes from primary treating provider, the injured worker can perform modified duties with no lifting greater than 10 pounds and no bending at the waist. He was to proceed with a course of physical therapy 2x3 for exercise and modalities. The injured worker was also given Tramadol and Voltaren. Diagnostics: MRI of Lumbar Spine (date/actual report not provided) revealed Grade 1 anterolisthesis of L5 on S1 with mild spondylitic changes at L5-S1 and L4-5; diffuse posterior bulge and osteophytic prominence, L4-5. Diagnoses: lumbar spine sprain, left sacroiliac joint dysfunction and left leg radiculopathy Disputed Service(s): Left Sacroiliac Joint Injection with Cortisone x 1; This request is not consistent with ODG as there is no documentation of at least 3 positive exam findings such as cranial shear test, extension test, flamingo test, fortin finger test, Gaenslen's test, gillet's (one legged stork) test, patrick's test (faber), pelvic compression test, pelvic distraction test, pelvic rock test, resisted abduction test, sacroiliac shear test, standing flexion text, seated flexion test or thigh thrust test. According to MRI findings documented it looks like the claimant has degenerative disc changes as well and per ODG, the diagnostic evaluation must first address any other pain generators. The actual MRI report for the lumbar spine was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Sacroiliac Joint Injection with Cortisone: Upheld**

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

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

**Decision rationale:** Guidelines indicate that at least 3 positive exam findings such as cranial shear test, extension test, flamingo test, fortin finger test, Gaenslen's test, gillet's (one legged stork) test, Patrick's test (faber), pelvic compression test, pelvic distraction test, pelvic rock test, resisted abduction test, sacroiliac shear test, standing flexion text, seated flexion test or thigh thrust test should be documented to help confirm diagnosis of SI dysfunction. That was not done in this case. Additionally, according to MRI findings documented it looks like the claimant has degenerative disc changes as well and per ODG, the diagnostic evaluation must first address any other pain generators so it is unclear if it is in fact SI joint dysfunction which is primary pain generator. The request is not reasonable and therefore not medically necessary.