

<b>Case Number:</b>	CM15-0002834		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	10/11/2001
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 a 62-year-old female who reported an injury on 10/11/2001. The mechanism of injury was not stated. The current diagnosis is low back pain with radiculopathy. The injured worker presented on 10/18/2014, with complaints of ongoing lower back pain with left thigh radiation. It was noted that the injured worker had been issued authorization for 12 sessions of physical therapy. The injured worker utilized Vicoprofen, 4 tablets per day. Upon examination, there was left sided sacroiliac tenderness, stiffness to lumbar range of motion, radiating pain into the calf, and limited straight leg raise by tight hamstrings bilaterally. Recommendations included continuation of the current medication regimen and initiation of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. It was noted that the injured worker utilized Vicoprofen, 4 tablets per day. It is unclear how long the injured worker has utilized Vicoprofen. There was no documentation of objective functional improvement. There was also no frequency listed in the request. As such, the request is not medically appropriate at this time.

**Steroid Injection to SI Joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Hip & Pelvis, Intra-articular steroid hip injection

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

**Decision rationale:** The Official Disability Guidelines recommend a sacroiliac joint block when the history and physical suggest the diagnosis, with documentation of at least 3 positive examination findings. There should be documentation of a failure of at least 4 to 6 weeks of aggressive conservative therapy. According to the documentation provided, the injured worker was scheduled to initiate physical therapy. There was no documentation of at least 4 to 6 weeks of aggressive conservative therapy prior to the request for a sacroiliac joint block. There was also no documentation of at least 3 positive examination findings. Given the above, the request is not medically appropriate.