

Case Number:	CM15-0007908		
Date Assigned:	01/23/2015	Date of Injury:	07/26/2010
Decision Date:	03/17/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old female sustained a work related injury on 07/26/2010. According to a progress report dated 12/02/2014, the injured worker complained of neck pain and low back pain that was rated 9 on a scale of 0-10. Her neck felt weak and had pressure. Her head felt heavy and she described the pain as stabbing and irritating, radiating down to the bilateral shoulders/arms/fingers. Low back pain occurred when bending and radiated to the left lower back. The lumbar spine examination revealed moderate tenderness and muscle guarding/spasm over the lumbar paravertebral musculature. There was piriformis spasm with sciatic-type pain bilaterally. There was facet tenderness noted over the L4-S1 levels. Sacroiliac tenderness, Fabere's/Patrick, Sacroiliac Thrust Test, Yeoman's Test and Farfan Test was positive on the left and right. There was decreased range of motion in all plains with increased pain with exertion and lateral bending. Assessment included cervical disc disease, cervical radiculopathy, lumbar discopathy, lumbar facet syndrome, bilateral piriformis spasm and right sacroiliac joint arthropathy. According to the provider, the injured worker had a second left L4-L5 transforaminal epidural steroid injection on 09/30/2014. Her radiating symptoms had improved conservatively. She had moderate to severe pain in the sacroiliac joint bilaterally, left side greater than right, but now worse primarily on right. She has some mild facet pain at the L4-to S1 level but her pain appeared to be mostly over the sacroiliac joints. She failed conservative treatment including physical therapy, chiropractic manipulative therapy, medication, rest and a home exercise program. The provider also noted that the injured worker should undergo urine toxicology screening as a random drug screening to establish a baseline, ensure compliance with

the medication and to ensure that she was not taking medication from multiple sources or taking illicit drugs. Her last toxicology screening was almost one year ago according to the provider. Her medication regimen was not listed. On 12/26/2014, Utilization Review non-certified urine drug screening and bilateral sacroiliac joint injection. According to the Utilization Review physician, the exam on 12/02/2014 did not provide convincing evidence that the sacroiliac joints are the primary pain generators. Therefore, the bilateral sacroiliac joint injections were not medically necessary. Official Disability Guidelines, Hip and Pelvis were cited. In regards to the urine drug screening, there was no documentation of suspected illegal drug use or prescription medication abuse. CA MTUS Chronic Pain Medical Treatment Guidelines, page 43 was cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, "Hip & Pelvis (updated 10/9/14" Sacroiliac Joint Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sacroiliac injections

Decision rationale: MTUS guidelines are silent regarding sacroiliac injections. According to ODG guidelines, sacroiliac injections are medically necessary if the patient fulfills the following criteria: 1. the history and physical examination should suggest the diagnosis; 2. Other pain generators should be excluded; 3. Documentation of failure of 4-6 weeks aggressive therapies; 4. Blocks are performed under fluoroscopy; 5. Documentation of 80% pain relief for a diagnostic block; 6. If steroids are injected during the initial injection, the duration of relief should be at least 6 weeks; 7. In the therapeutic phase, the interval between 2 block is at least 2 months; 8. The block is not performed at the same day as an epidural injection; 9. The therapeutic procedure should be repeated as needed with no more than 4 procedures per year. It is not clear from the patient file, that the patient fulfills the criteria of sacroiliac damage, that the sacroiliac joint is the pain generator and other pain generator have been excluded. There is no documentation that the patient failed aggressive conservative therapies for at least 4 to 6 weeks. Therefore, the requested for Bilateral Sacroiliac Joint Injection is not medically necessary.

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens are indicated to avoid misuse/addiction. (j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. There is no evidence that the patient have aberrant behaviour for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request for Urine drug screen is not medically necessary.