

<b>Case Number:</b>	CM15-0101940		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	11/05/1992
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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

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 60 year old male, who sustained an industrial injury on 11/05/1992. He has reported subsequent neck and low back pain and was diagnosed with lumbar disc herniation, lumbar radiculitis, lumbar stenosis, failed fusion, failed laminectomy syndrome and lumbar disc disease. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 05/11/2015, the injured worker complained of neck and low back pain. Objective findings were notable for a slow gait, a limp on the right lower extremity, tenderness to palpation over the sacroiliac joints and positive pelvic compression, thigh thrust and Gaenslen's tests. The physician noted that the injured worker had failed to respond to aggressive physical therapy and other conservative measures. A request for authorization of sacroiliac joint injection and Flurbiprofen was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 SI joint injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sacroiliac joint injections (SJI).

**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, SI joint injections.

**Decision rationale:** Based on the 5/11/15 progress report provided by the treating physician, this patient presents with cervical pain and low back pain, rated 4-5/10 on VAS scale that interferes with his sleep. The provider has asked for 1 SI Joint Injection on 5/11/15. The patient's diagnoses per request for authorization form dated 5/13/15 are SI joint disease and post- laminectomy syndrome. The patient is s/p multiple lumbar surgeries including laminectomy/discectomy L23 on 6/23/08, bilateral L2-3 laminectomy and partial facetectomy for nerve root decompression L2-3 with posterolateral transverse process fusion, removal of pedicle screw instrumentation L3-4, L4-5, and L5-S1 on 3/19/03 per 5/11/15 report. The patient also had laminectomy and discectomy in 1994 and 1996, and lumbar fusions in 1998 and 2001 per 2/10/15 report. The patient is most recently post-op lumbar surgery from 10/22/08, and a left shoulder surgery from 12/9/10 per 2/10/15 report. The patient had a trial of Flector patches with a positive result per 5/11/15 report. The patient ambulates with a slow gait with a limp in his right lower extremity per 5/11/15 report. The patient's work status is not included in provided documentation. ODG guidelines, Low Back Chapter under SI joint injections states: "Treatment: 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." ODG further states that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: 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)." In this case, the progress reports do not document prior SI joint injection. The current request is noted in progress report dated 5/11/15. The progress report dated 5/11/15 does document 3+ tenderness to palpation over the SI joints, as well as a positive thigh thrust test, pelvic compression test, and Gaenslen's test. ODG requires 3 positive exam findings for SI joint injection, and the patient does meet the criteria. Hence, the request is medically necessary

**Flurbiprofen 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** Based on the 5/11/15 progress report provided by the treating physician, this patient presents with cervical pain and low back pain, rated 4-5/10 on VAS scale that interferes

with his sleep. The provider has asked for Flurbiprofen 180GM on 5/11/15. The requesting progress report dated 5/11/15 further specifies Flurbi NAP cream-la 180gm. The patient's diagnoses per request for authorization form dated 5/13/15 are SI joint disease and post-laminectomy syndrome. The patient is s/p multiple lumbar surgeries including laminectomy/discectomy L23 on 6/23/08, bilateral L2-3 laminectomy and partial facetectomy for nerve root decompression L2-3 with posterolateral transverse process fusion, removal of pedicle screw instrumentation L3-4, L4-5, and L5-S1 on 3/19/03 per 5/11/15 report. The patient also had laminectomy and discectomy in 1994 and 1996, and lumbar fusions in 1998 and 2001 per 2/10/15 report. The patient is most recently post-op lumbar surgery from 10/22/08, and a left shoulder surgery from 12/9/10 per 2/10/15 report. The patient had a trial of Flector patches with a positive result per 5/11/15 report. The patient ambulates with a slow gait with a limp in his right lower extremity per 5/11/15 report. The patient's work status is not included in provided documentation. Regarding topical NSAIDs, MTUS on topical analgesics, pages 111-113 state, indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The patient has a limited lumbar spine range of motion, 3+ tenderness to palpation over SI joints, and ambulates with a slow gait with a limp in his right lower extremity per requesting 5/11/15 report. The patient was diagnosed with lumbar disc herniation, lumbar radiculitis, lumbar stenosis, failed laminectomy syndrome, and lumbar disc disease. Review of reports does not show prior use of any topical NSAIDs. The patient does report left wrist pain in a prior 2/10/15 report. However, the provider does not document arthritis/tendinitis as indicated for Flurbiprofen by MTUS Guidelines. The provider does not discuss this request, and does not state where this medication is intended to be used. Therefore, the request is not medically necessary.