

<b>Case Number:</b>	CM15-0197850		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	12/08/1997
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 70 year old female who sustained an industrial injury on 12-8-97. The assessment is noted as left sacroiliac joint sprain-strain and status post bilateral total knee replacement. A progress noted dated 8-3-15 documents she ambulates with a single point cane and reports she can walk less than half a block mainly due to the hip pain. X-ray of the left hip is noted to reveal "bone-on-bone with some sclerosis grown around the joint." In a request for authorization and comprehensive pain management consultation report dated 9-1-15, the physician notes pain in the lumbar spine rated at 7 out of 10 that is radiating with a tingling sensation. Physical exam notes an antalgic gait to the left, heel-toe walk performed with difficulty, diffuse tenderness over the lumbar paravertebral musculature, and moderate facet tenderness at L4-S1. Sacroiliac tests were positive on the left for the following: sacroiliac tenderness, Fabere's-Patrick, Sacroiliac Thrust test, and Yeoman's test. Kemp's test was positive on the left and right. Lumbar spine range of motion was noted to be decreased. The physician notes moderate to severe left sided low back pain, primarily over the left sacroiliac joint with 3 positive orthopedic tests on exam. She is status post left sacroiliac joint rhizotomy approximately 2 years ago, with report of more than one year of 100% pain relief; was able to stop all medications and perform activities of daily living without any pain. The treatment plan is a second left sacroiliac joint rhizotomy and a hot-cold unit for 30 days following the procedure, continue present medications, and urine drug screening as a random screening to establish a baseline and ensure compliance with the medication. Previous treatment includes at least 16 sessions aquatic therapy, medication, ice, and left sacroiliac joint rhizotomy. On 9-21-15, the

requested treatment of a second left sacroiliac joint rhizotomy, durable medical equipment: hot-cold contrast system for 30 days, and urine drug screen was denied.

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

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

#### **Second left Sacroiliac Joint Rhizotomy: 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) Hip & Pelvis Chapter- Sacroiliac radiofrequency neurotomy.

**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 (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** The claimant has a remote history of a work injury in December 1997 occurring when she fell from a chair landing on her knees and then her back. She has a history of bilateral total knee arthroplasties. When seen, her body mass index was over 43. There was a left antalgic gait and she had difficulty with heel and toe walking. There was diffuse lumbar tenderness and left sacroiliac joint tenderness. Sacroiliac joint and Kemp's tests were positive on the left side. There was decreased lumbar range of motion. There was knee joint line tenderness with normal range of motion and a normal neurological examination. A sacroiliac joint radiofrequency ablation two years before had provided 100% pain relief lasting for one year. A second radiofrequency ablation was requested with a hot/cold unit for 30 days afterwards. Naprosyn was being prescribed. Urine drug screening was requested. Sacroiliac joint radiofrequency neurotomy is not recommended. Multiple techniques are currently described. Further studies are needed to determine the treatment parameters for this disorder. The request is not medically necessary.

#### **DME: hot/cold contrast system for thirty days: 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) Low Back Chapter- Cold/heat packs.

**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-Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

**Decision rationale:** The claimant has a remote history of a work injury in December 1997 occurring when she fell from a chair landing on her knees and then her back. She has a history of bilateral total knee arthroplasties. When seen, her body mass index was over 43. There was a left antalgic gait and she had difficulty with heel and toe walking. There was diffuse lumbar tenderness and left sacroiliac joint tenderness. Sacroiliac joint and Kemp's tests were positive on the left side. There was decreased lumbar range of motion. There was knee joint line tenderness

with normal range of motion and a normal neurological examination. A sacroiliac joint radiofrequency ablation two years before had provided 100% pain relief lasting for one year. A second radiofrequency ablation was requested with a hot/cold unit for 30 days afterwards. Naprosyn was being prescribed. Urine drug screening was requested. In terms of thermal modalities, the use of heat and ice are low cost as at-home applications, have few side effects, and are noninvasive. The at-home application of heat or cold packs is recommended. Simple, low-tech thermal modalities could be recommended. However, the requested radiofrequency ablation procedure is not medically necessary. The requested combination unit is not medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

**Decision rationale:** The claimant has a remote history of a work injury in December 1997 occurring when she fell from a chair landing on her knees and then her back. She has a history of bilateral total knee arthroplasties. When seen, her body mass index was over 43. There was a left antalgic gait and she had difficulty with heel and toe walking. There was diffuse lumbar tenderness and left sacroiliac joint tenderness. Sacroiliac joint and Kemp's tests were positive on the left side. There was decreased lumbar range of motion. There was knee joint line tenderness with normal range of motion and a normal neurological examination. A sacroiliac joint radiofrequency ablation two years before had provided 100% pain relief lasting for one year. A second radiofrequency ablation was requested with a hot/cold unit for 30 days afterwards. Naprosyn was being prescribed. Urine drug screening was requested. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication. There are no identified issues of abuse or addiction. Urine drug screening is not medically necessary.