

Case Number:	CM15-0211313		
Date Assigned:	10/30/2015	Date of Injury:	04/13/2010
Decision Date:	12/11/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/27/2015

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: 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 54-year-old male who sustained an industrial injury on 4-13-2010 and has been treated for Right sacroiliac joint pain, lumbar facet joint pain and arthropathy and chronic low back pain. Diagnostic MRI dated 3-13-2012 noted degenerative disc disease and facet joint arthropathy. On 10-2-2015, the injured worker was seen for a pain management consultation reported 5-9 out of 10 rated low back pain, which was made worse with bending, lifting, and twisting. Objective findings included tenderness on palpation of the right sacroiliac joint sulcus, lumbar range of motion restricted by pain "in all directions," and lumbar extension was noted to be worse than lumbar flexion. Sustained hip flexion, Gaenslen's, Patrick's maneuver, Yeoman's, and pressure at the sacral sulcus were positive bilaterally. Sensation was noted to be intact. Documented treatment includes "failed" physical therapy, NSAIDs, and "conservative treatments." Medications have included Trazodone, Neurontin, Protonix. There was no discussion of previous injections or other treatment. The treating physician's plan of care includes a fluoroscopically-guided diagnostic right sacroiliac joint injection to evaluate and treat right sacroiliac joint symptoms, and a urine drug screening. A urine lab report dated 10-1-2015 was present in the provided records. The injection and urine drug screen were both denied on 10-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI 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, Sacroiliac injections, diagnostic, therapeutic.

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 injections, diagnostic.

Decision rationale: The claimant sustained a work injury in April 2010. He has undergone surgeries for both hips and knees. He was seen by the primary treating provider on 10/01/15. Medications included Norco. He had an elevated blood pressure but had not taken his anti-hypertension medication. There was bilateral knee tenderness. Urine drug screening was requested. He was seen for an initial pain management evaluation on 10/02/15. He was having right sided low back pain, which had been present since his injury. Pain was rated at 5-9/10. Physical examination findings included a body mass index of nearly 34. There was right sacroiliac joint tenderness. Sacroiliac joint testing was positive bilaterally. There was a normal neurological examination. Authorization for a sacroiliac joint injection was requested. In this case, the claimant does not have evidence of an inflammatory spondyloarthropathy. As of the date of this request diagnostic sacroiliac injections are no longer recommended as there is no further definitive treatment that can be recommended based on any diagnostic information potentially rendered. The requested procedure is therefore not considered medically necessary.

10-panel urine drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine 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 sustained a work injury in April 2010. He has undergone surgeries for both hips and knees. He was seen by the primary treating provider on 10/01/15. Medications included Norco. He had an elevated blood pressure but had not taken his anti-hypertension medication. There was bilateral knee tenderness. Urine drug screening was requested. He was seen for an initial pain management evaluation on 10/02/15. He was having right sided low back pain, which had been present since his injury. Pain was rated at 5-9/10. Physical examination findings included a body mass index of nearly 34. There was right sacroiliac joint tenderness. Sacroiliac joint testing was positive bilaterally. There was a normal neurological examination. Authorization for a sacroiliac joint injection was requested. Criteria

for the frequency of urine drug testing include risk stratification. In this case, the claimant appears to be at low risk for addiction/aberrant behavior. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there is no urine drug screening result over the previous 12 months and Norco is being prescribed. The request was medically necessary.