

Case Number:	CM15-0223994		
Date Assigned:	11/20/2015	Date of Injury:	09/15/2013
Decision Date:	12/31/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/13/2015

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

Certification(s)/Specialty: Family Practice

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 31 year old male, who sustained an industrial injury on 9-15-2013. The medical records indicate that the injured worker is undergoing treatment for L5-S1 disc herniation, L5-S1 stenosis, left leg radiculopathy, L5-S1 facet arthropathy versus left sacroiliac joint dysfunction, status post L5-S1 discectomy, and L5-S1 left-sided seroma with neural compression. According to the progress report dated 9-28-2015, the injured worker presented with complaints of left-sided low back and buttock pain. On a subjective pain scale, he rates his pain 5-9 out of 10. The physical examination reveals palpable tenderness over the left L5-S1 paraspinal region, tenderness over the left sacroiliac joint, painful range of motion, and positive Fortin's, posterior thigh thrust, and pelvic compression-distraction test on the left. The current medications are Percocet (since at least 6-5-2015). Urine drug screen from 8-11-2015 was consistent with prescribed medications. Previous diagnostic studies include x-rays, EMG (no evidence of nerve root problems), and MRI of the lumbar spine. Treatments to date include medication management, physical therapy (worsened symptoms), psychotherapy, and surgical intervention. Work status is described as temporarily totally disabled. The original utilization review (10-14-2015) had non-certified a request for Percocet 10-325mg #150, left sacroiliac joint block with arthrogram, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint block with arthrogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Sacroiliac injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis section, Sacroiliac joint blocks.

Decision rationale: The MTUS Guidelines are silent in regards to sacroiliac joint blocks/injections. The ODG, however, states that they are conditionally recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy (medications, physical therapy, etc.). Other criteria for the use of sacroiliac blocks includes: 1. History and physical suggesting diagnosis (imaging not helpful) by confirming at least three of the following tests: Cranial shear test, Extension test, Flamingo test, Fortin finger test, Gaenslen's test, Gillet's 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, or Thigh thrust test (POSH), 2. Diagnostic evaluation must first address any other possible pain generators, 3. Blocks are performed under fluoroscopy, 4. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed, 5. If steroids are used the pain relief should be at least 6 weeks with at least 70% or greater pain relief, 6. Repeated blocks should be 2 months or longer from previous, 7. The block is not to be performed on the same day as an epidural injection, transforaminal epidural injection, facet joint injection, or medial branch block, and 8. Only a maximum of four times over a period of one year is recommended. In the case of this worker, there was complaint of low back pain and left sacroiliac joint pain with radiation to left thigh on the most recent progress note provided prior to this request. The worker failed physical therapy. Physical findings included positive Fortin's test on left, positive posterior thigh thrust on left, positive pelvic distraction on left, and positive pelvic compression on left. Based on these factors, it appears that the worker has fulfilled the criteria for sacroiliac pain and injection is warranted as a trial and will be considered medically necessary at this time.

Percocet 10/325mg every 4 hrs #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest

possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Percocet use was reported as causing a decrease in pain (decrease of roughly 10% only, as measured on VAS. However, no report was found stating how this medication improved overall function with this small decrease in pain. Without a more clear report of functional gain (specific), this request will be considered medically unnecessary. Weaning may be indicated.

Urine drug screen, physician staff indicates done routinely quarterly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, differentiation: dependence & addiction.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was no found documentation of history or behavior of this worker being at an elevated risk for drug abuse to warrant frequent urine drug testing as has been completed leading up to this request. Therefore, this request for urine drug screening will be considered medically unnecessary at this time.