

<b>Case Number:</b>	CM15-0084793		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	11/02/2000
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 73 year old male who sustained an industrial injury on November 2, 2000. He has reported lower back and lower extremity pain and has been diagnosed with restless leg syndrome, stenosis, lumbar spine with neurogenic claudications, sacroiliac joint dysfunction, facet arthropathy, lumbar, lumbar radiculopathy, right, failed back syndrome, facet arthropathy, thoracic, vertebra, chronic, myofascial pain syndrome, left upper thoracic, cervical radiculopathy, degerated disc disease, cervical, and status post spinal cord stimulation implant. Physical examination noted diffuse tenderness of the cervical spine. There was mild diffuse tenderness over the left upper parathoracic region. There was diffuse tenderness to the lumbar spine positive sitting straight leg raise test on both the left and right. There was a positive Patrick's maneuver on the right and left. There was a positive Fabere test on both the right and left. The treatment request included a bilateral S1 joint injection with anesthesia and a toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral S1 joint injection with anesthesia: 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), Sacroiliac joint injections, hip and pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter, for SI joint blocks.

**Decision rationale:** The patient presents on 04/24/15 with increased lower back pain, bilateral lower extremity pain, and significant difficulty ambulating secondary to pain. The patient reports his pain level to be 9/10 at worst, 6/10 at best. The patient's date of injury is 11/02/00. Patient is status post two unspecified lumbar spine surgeries in 2001 and 2002, spinal cord stimulator implantation on 06/27/06. The request is for BILATERAL SI JOINT INJECTIONS WITH ANESTHESIA. The RFA is dated 04/07/15. Physical examination dated 04/24/15 reveals diffuse tenderness upon palpation of the lumbar spine, sciatic notch tenderness bilaterally, positive Patrick's maneuver, positive Faber test, and positive straight leg raise test bilaterally. The patient is currently prescribed Mirapex, Oxycodone, Celebrex, Tylenol, Benazepril, Aspirin, Diltiazem, Coumadin, and a men's multivitamin. Diagnostic imaging was not included. Patient is currently working. The MTUS/ACOEM guidelines do not discuss SI joint injections. ODG guidelines were consulted. ODG-TWC guidelines, Hip chapter, for SI joint blocks, Criteria for the use of sacroiliac blocks states: "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above)." The exam findings include: 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 regard to the request for bilateral SI joint injections, the physician has not provided at least three positive exam findings required by the official disability guidelines for SI joint injections. Progress notes do not indicate that this patient has had any SI joint injections to date. Progress note 04/24/15 includes findings of bilateral SI joint tenderness and positive Faber test and Patrick's test bilaterally. However, Patrick's test and Faber test are synonymous and do not constitute two separate examination findings. ODG requires at least three positive exam findings indicative of SI joint pathology, the requesting provider has only given one. The ODG criterion for an SI joint injection has not been met. Therefore, the request IS NOT medically necessary.

**Toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80, 94.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, urine drug testing.

**Decision rationale:** The patient presents on 04/24/15 with increased lower back pain, bilateral lower extremity pain, and significant difficulty ambulating secondary to pain. The patient reports

his pain level to be 9/10 at worst, 6/10 at best. The patient's date of injury is 11/02/00. Patient is status post two unspecified lumbar spine surgeries in 2001 and 2002, spinal cord stimulator implantation on 06/27/06. The request is for TOX SCREEN. The RFA is dated 04/07/15. Physical examination dated 04/24/15 reveals diffuse tenderness upon palpation of the lumbar spine, sciatic notch tenderness bilaterally, positive Patrick's maneuver, positive Faber test, and positive straight leg raise test bilaterally. The patient is currently prescribed Mirapex, Oxycodone, Celebrex, Tylenol, Benazepril, Aspirin, Diltiazem, Coumadin, and a men's multivitamin. Diagnostic imaging was not included. Patient is currently working. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. In this case, the provider is requesting a UDS to ensure that this patient is compliant with his narcotic medications. The documentation provided indicates that this patient had a urine drug screen conducted on 01/15/15 which was consistent with his prescribed medications. There is no discussion of aberrant behavior or any indication in the progress notes that this patient is considered "high risk." More frequent screening is not supported by guidelines without prior UDS inconsistencies, displays of aberrant behavior, or suspected drug diversion. Therefore, the request IS NOT medically necessary.