

<b>Case Number:</b>	CM14-0147004		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	09/16/1998
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46-year-old male who reported injury on 09/16/1998. The mechanism of injury was not submitted for review. The injured worker has the diagnosis of lumbar degenerative disc disease with radiculopathy. Past medical treatment consists of surgery, physical therapy, permanent dorsal column stimulator, use of a TENS unit, morphine injections, trigger point injections, ESIs, heat/cold packs, and medication therapy. Medications include Pristiq, Valium, Norco, and Senokot. The injured worker has undergone a spinal fusion and right shoulder arthroscopy with tendon repair. On 07/30/2014, the injured worker complained of pain across the low back. On physical examination, it was noted that the injured worker rated his pain at a 10/10 in severity, the range since last visit was 6/10 to 10/10, and as of that moment it was 6/10. The examination of the lumbar spine revealed that extension, flexion, and lateral rotation were limited due to pain. There was paravertebral tenderness over the areas of the lumbar zygapophyseal joints. Lumbar facet loading maneuvers produced symptoms of pain. Straight leg raise was negative bilaterally. Seated straight leg raise was negative bilaterally. Patrick's test to the left was positive. It was noted upon physical examination that the injured worker had tenderness over the SI joint to the left. The treatment plan is for the injured worker to undergo 1 left SI joint injection and continue use of Lidocaine patches. The provider would like to have a trial of SI injections to see if it would help with ongoing low back pain. The Request for Authorization Form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 LEFT SI JOINT 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

**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 Chapter Sacroiliac joint blocks.

**Decision rationale:** The request for 1 left SI joint injection is not medically necessary. The Official Disability Guidelines recommend sacroiliac joint blocks when the history and physical suggests the diagnosis with documentation of at least 3 positive exam findings, which include the cranial shear test, extension test, flamingo test, Gaenslen's test, Gillet's test, Patrick's test, pelvic compression test, pelvic distraction test, pelvic rock test, resisted abduction test, sacroiliac shear test, standing flexion test, and a thigh thrust test. The diagnostic evaluation must first address any other possible pain generators, and there should be documentation that the injured worker has had and failed at least 4 weeks to 6 weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. In the treatment or therapeutic phase, the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least 70% pain relief is obtained for 6 weeks. The physical examination dated 07/30/2014 indicated that there was a positive Patrick's test. However, there was no other indication of the above tests being positive to suggest diagnosis. Furthermore, it was indicated in the submitted report that the injured worker had undergone physical therapy, use of a TENS unit, and medication therapy, but it did not indicate in the reports the outcome of such therapies. Additionally, there was mention of the injured worker having had injections in the past; the efficacy of such injections was not submitted for review. Given the above, the injured worker is not within ODG criteria. As such, the request is not medically necessary.

## **LIDOCAINE PATCHES 5%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 57, 58, 112.

**Decision rationale:** The request for lidocaine patches 5% is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state Lidoderm is the brand name for the lidocaine patch produced by [REDACTED]. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. According to the California MTUS Guidelines, lidocaine is recommended for patients with a diagnosis of radiculopathy. It was noted in the submitted documentation that the injured worker had a diagnosis of radiculopathy. However, it failed to indicate the injured worker had trialed and failed any first line therapy, tricyclic or SNRI antidepressants or NSAIDs.

Additionally, there was no indication that the injured worker suffered from peripheral pain. Furthermore, the efficacy of the medication was not submitted for review. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.