

<b>Case Number:</b>	CM14-0156683		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 57 year old female with an injury date of 04/20/11. 07/10/14 progress report by [REDACTED] states that the patient presents with lower back pain that radiates to the bilateral lower extremities more right than left. She also presents with the onset of bilateral hip pain when sleeping at night. The patient has an altered gait and uses a walking cane. Examination reveals tenderness to palpation over the Greater Trochanter of the left hip and the IT band. Examination of the lumbar spine shows tenderness with spasms and positive straight leg raise in the left leg with decreased strength in the left EHL and Gastrocnemius. The patient's diagnoses include: Lumbar herniated disc Post Laminectomy (date not stated--an 11/28/12 back surgery is noted in the reports) and lumbar radiculitis. The utilization review being challenged is dated 08/28/14. The rationale regarding the left and right SI joint injection is that inflammatory "sacroilitis" is not documented nor are there 3 positive exam findings suggestive of sacroiliac disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with lower back pain radiating to the lower extremities more right than left and bilateral hip pain. The treater requests for: Flurbiprofen 20% cream #3. The reports provide show that the patient has been using this medication since November 2013. Topical Analgesics, NSAIDs, page 111 states, NSAIDs are effective for peripheral joint arthritis/tendinitis. In this case the patient does not present with peripheral joint arthritis or tendinitis for which topical NSAIDs are indicated for. Furthermore, the reports provided do not discuss the benefit of this medication to the patient. Therefore, recommendation is for denial.

**Left SI joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 611. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of sacroiliac blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Low Back-Lumbar & Thoracic Facet Joint pain signs and symptoms

**Decision rationale:** The patient presents with lower back pain radiating to the lower extremities more right than left and bilateral hip pain. The treater requests for: Left SI joint injection. The reports provided do not discuss the reasons for this request nor do they show discussion of prior injections for this patient. ODG guidelines state that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed..." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: 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 this case, the reports provided do not document the above examination findings as required by ODG. Therefore, recommendation is for denial.

**Right SI joint injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 611. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of sacroiliac blocks

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Low Back-Lumbar & Thoracic Facet Joint pain signs and symptoms

**Decision rationale:** The patient presents with lower back pain radiating to the lower extremities more right than left and bilateral hip pain. The treater requests for: Right SI joint injection. The

reports provided do not discuss the reasons for this request nor do they show discussion or prior injections for this patient. ODG guidelines state that, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed..." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: 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 this case, the reports provided do not document the above tests as required by ODG. Therefore, recommendation is for denial.