

Case Number:	CM14-0164128		
Date Assigned:	10/08/2014	Date of Injury:	09/09/2008
Decision Date:	11/04/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/06/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old female with a 9/9/08 date of injury. At the time (9/19/14) of request for authorization for right S1 joint steroid injection under fluoroscopy, left S1 joint steroid injection under fluoroscopy, and unknown prescription for Bupivacaine, Diclofenac, DMSO, Doxepin, Gabapentin, Orphenadrine and Pentoxifyline, there is documentation of subjective complaints of low back pain that radiates posteriorly and medially down the thighs into the anterior legs and bottom of the feet. The objective findings are moderate spasm, tenderness to palpation at the sacroiliac joint, right more than left, limited range of motion, positive Patrick and Gaenslen's bilaterally. The current diagnoses includes low back pain, lumbar discogenic pain, lumbar facet pain, sacroiliac joint pain, lumbar radicular pain, myofascial pain, and chronic pain syndrome. Treatment to date includes medications, physical therapy, TENS, epidural steroid injection, and activity modification. Regarding the requested right S1 joint steroid injection under fluoroscopy, left S1 joint steroid injection under fluoroscopy, there is no documentation of at least one more positive exam findings, such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gillet's Test (One Legged-Stork Test); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right S1 joint steroid injection under flouroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection

Decision rationale: MTUS reference to ACOEM guidelines state that invasive techniques (such as sacroiliac joint injections) are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines (ODG) identifies documentation of at least 3 positive exam findings, such as: 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; and/or Thigh Thrust Test (POSH). As well as diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar discogenic pain, lumbar facet pain, sacroiliac joint pain, lumbar radicular pain, myofascial pain, and chronic pain syndrome. In addition, there is documentation of at least 2 positive exam findings [Gaenslen's Test and Patrick's Test (FABER)]; that diagnostic evaluation has addressed other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); and that block is to be performed under fluoroscopy. However, there is no documentation of at least one more positive exam findings [such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gillet's Test (One Legged-Stork Test); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]. Therefore, based on guidelines and a review of the evidence, the request for right S1 joint steroid injection under fluoroscopy is not medically necessary.

left S1 joint steroid injection under flouroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, SI Joint Injection

Decision rationale: MTUS reference to ACOEM guidelines state that invasive techniques (such as sacroiliac joint injections) are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. Official Disability Guidelines (ODG) identifies documentation of at least 3 positive exam findings, such as: 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; and/or Thigh Thrust Test (POSH); diagnostic evaluation first addressing any other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); block to be performed under fluoroscopy; and block not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block, as criteria necessary to support the medical necessity of SI joint injection. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar discogenic pain, lumbar facet pain, sacroiliac joint pain, lumbar radicular pain, myofascial pain, and chronic pain syndrome. In addition, there is documentation of at least 2 positive exam findings [Gaenslen's Test and Patrick's Test (FABER)]; that diagnostic evaluation has addressed other possible pain generators; failure of at least 4-6 weeks of aggressive conservative therapy (including PT, home exercise and medication management); and that block is to be performed under fluoroscopy. However, there is no documentation of at least one more positive exam findings [such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gillet's Test (One Legged-Stork Test); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; and/or Thigh Thrust Test (POSH)]. Therefore, based on guidelines and a review of the evidence, the request for left S1 joint steroid injection under fluoroscopy is not medically necessary.

Unknown prescription for bupivacaine, diclofenca, DMSO, doxepin, gabapentin, orphenadrine and pentoxifyline: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar discogenic pain, lumbar facet pain, sacroiliac joint pain, lumbar radicular pain, myofascial pain, and chronic pain syndrome. However, Diclofenac, DMSO, Doxepin, Gabapentin, Orphenadrine and Pentoxifyline contain at

least one drug (Gabapentin and Orphenadrine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for unknown prescription for Bupivacaine, Diclofenac, DMSO, Doxepin, Gabapentin, Orphenadrine and Pentoxifyline is not medically necessary.