

Case Number:	CM14-0183525		
Date Assigned:	11/10/2014	Date of Injury:	08/07/2010
Decision Date:	12/12/2014	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/04/2014

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:

This 48 year-old Bus Driver sustained an injury on 8/7/10 while employed by [REDACTED]. Request(s) under consideration include Sacroiliac joint injections and Urine drug screen. Diagnoses include Lumbosacral neuritis/ disc disease; bilateral piriformis muscle syndrome. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. Report of 9/16/14 from the provider noted the patient with chronic ongoing low back and buttock pain rated at 3-4/10 from acupuncture treatment with associated burning and weakness. Exam showed normal heel-toe walk without difficulty; lumbar spine with decreased range; bilateral piriformis tenderness, positive stress test and SI tenderness; positive Fabere's bilaterally; positive sacroiliac thrust test and Yeoman's; negative SLR; intact sensation in all dermatomes with DTRs 2+ and 5/5 motor strength in bilateral lower extremities. It was noted recent acupuncture treatment provided significant pain relief with pain decreased from 10/10 down to 3-4/10. The request(s) for Sacroiliac joint injections and Urine drug screen were non-certified on 10/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sacroiliac Joint Blocks

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, SI Joint, pages 263-264

Decision rationale: This 48 year-old Bus Driver sustained an injury on 8/7/10 while employed by [REDACTED]. Request(s) under consideration include Sacroiliac joint injections and Urine drug screen. Diagnoses include Lumbosacral neuritis/ disc disease; bilateral piriformis muscle syndrome. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. Report of 9/16/14 from the provider noted the patient with chronic ongoing low back and buttock pain rated at 3-4/10 from acupuncture treatment with associated burning and weakness. Exam showed normal heel-toe walk without difficulty; lumbar spine with decreased range; bilateral piriformis tenderness, positive stress test and SI tenderness; positive Fabere's bilaterally; positive sacroiliac thrust test and Yeoman's; negative SLR; intact sensation in all dermatomes with DTRs 2+ and 5/5 motor strength in bilateral lower extremities. It was noted recent acupuncture treatment provided significant pain relief with pain decreased from 10/10 down to 3-4/10. The request(s) for Sacroiliac joint injections and Urine drug screen were non-certified on 10/25/14. ODG note etiology for SI joint disorder includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Although SI joint injection is recommended as an option for clearly defined diagnosis with positive specific tests for motion palpation and pain provocation for SI joint dysfunction, no persistent findings are demonstrated on medical reports submitted nor was there evidence for failed conservative trial. It has also been questioned as to whether SI joint blocks are the "diagnostic gold standard" as the block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Submitted reports have not met guidelines criteria without failed pharmacological treatment or documented failed conservative treatment with significant symptom relief from recent acupuncture treatment. The Sacroiliac joint injections are not medically necessary and appropriate.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: This 48 year-old Bus Driver sustained an injury on 8/7/10 while employed by [REDACTED]. Request(s) under consideration include Sacroiliac joint injections and Urine drug screen. Diagnoses include Lumbosacral neuritis/ disc disease; bilateral

piriformis muscle syndrome. Conservative care has included medications, physical therapy, acupuncture, and modified activities/rest. Report of 9/16/14 from the provider noted the patient with chronic ongoing low back and buttock pain rated at 3-4/10 from acupuncture treatment with associated burning and weakness. Exam showed normal heel-toe walk without difficulty; lumbar spine with decreased range; bilateral piriformis tenderness, positive stress test and SI tenderness; positive Fabere's bilaterally; positive sacroiliac thrust test and Yeoman's; negative SLR; intact sensation in all dermatomes with DTRs 2+ and 5/5 motor strength in bilateral lower extremities. It was noted recent acupuncture treatment provided significant pain relief with pain decreased from 10/10 down to 3-4/10. The request(s) for Sacroiliac joint injections and Urine drug screen were non-certified on 10/25/14. MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient with non-clarification of opiate prescription. Presented medical reports from provider have unchanged chronic severe pain symptoms with unchanged clinical findings. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine drug screen is not medically necessary and appropriate.