

Case Number:	CM14-0154647		
Date Assigned:	09/24/2014	Date of Injury:	10/22/2008
Decision Date:	02/12/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 48 year old male with an injury date of 10/22/08. Based on the 10/07/14 progress report provided by treating physician, the patient complains of low back pain rated 7/10, and radiating pain to the left buttock rated 4/10. Physical examination to the lumbar spine revealed spasm and diffuse tenderness to palpation to the paravertebral musculature. Tenderness noted to the facets and left piriformis. Positive Piriformis Stress (FAIR), sacroiliac tenderness, Faber's, Sacroiliac Thrust, and Yeoman's tests to the left, and positive Kemp's and Farfan's tests bilaterally. Lumbar range of motion was decreased, especially on extension 10 degrees. Range of motion to the bilateral hips was normal. Patient underwent bilateral L4-S1 medial branch block injections on 09/19/14, and reported 80% improvement for the first two days. Per treater report dated 10/07/14, the patient presents with "left sacroiliac joint pain with three positive sacroiliac joint orthopedic tests along with spasm on the left piriformis muscle." Per treater report dated 06/20/14, MRI of the lumbar spine showed degenerative disc disease and facet arthropathy from L2 to S1. Per treater report dated 08/11/14, patient is prescribed Norco and Celebrex. Treater states duration of relief from medications is about 6 hours. Patient is able to perform ADL's, improved participation in home exercise program, has improved sleep and is able to work. Norco has been prescribed in progress reports dated 03/13/14 and 08/11/14 for the treatment of chronic low back pain and nociceptive pain. Celebrex was prescribed in progress report dated 08/11/14 "to reduce pain and inflammation." Urine drug screen dated 12/19/13 and 12/30/14 indicated patient was positive for "barbiturates." Diagnosis 10/07/14- lumbar disc disease- lumbar facet syndrome- left sacroiliac joint arthropathy- left piriformis syndrome The utilization review determination being challenged is dated 09/12/14. Treatment reports were provided from 12/19/13 - 10/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI joint injection under US: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip Chapter, 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) Low Back Chapter, SI Joint Injections

Decision rationale: The patient presents with low back pain rated 7/10, and radiating pain to the left buttock rated 4/10. The request is for left SI joint injection under US. Patient's diagnosis on 10/07/14 included lumbar facet syndrome, left sacroiliac joint arthropathy, and left piriformis syndrome. Physical examination to the lumbar spine on 10/07/14 revealed spasm and diffuse tenderness to palpation to the paravertebral musculature. Tenderness noted to the facets and left piriformis. Positive Piriformis Stress (FAIR), sacroiliac tenderness, Faber's, Sacroiliac Thrust, and Yeoman's tests to the left and positive Kemp's and Farfan's tests bilaterally. Patient underwent bilateral L4-S1 medial branch block injections on 09/19/14, and reported 80% improvement for the first two days. Per provider report dated 08/11/14, patient is prescribed Norco and Celebrex. The patient is working. ODG guidelines, Low Back Chapter under SI joint injections states: " Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block." ODG further states 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)." Per provider report dated 10/07/14, patient presents with "left sacroiliac joint pain with three positive sacroiliac joint orthopedic tests along with spasm on the left piriformis muscle." In this case, patient has been on opioid regimen and continues with pain. Provider has documented more than three positive diagnostic tests for SI joint dysfunction criteria. Review of medical records do not show patient has had prior SI joint injection. The request meets guideline indications, therefore it is medically necessary.

Norco 10/325mg, #60 1 PO BID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 76-78.

Decision rationale: The patient presents with low back pain rated 7/10, and radiating pain to the left buttock rated 4/10. The request is for Norco 10/325mg, #60 1 PO BID PRN. Patient's diagnosis on 10/07/14 included lumbar facet syndrome, left sacroiliac joint arthropathy, and left piriformis syndrome. Per provider report dated 06/20/14, MRI of the lumbar spine showed degenerative disc disease and facet arthropathy from L2 to S1. Per provider report dated 08/11/14, patient is prescribed Norco and Celebrex. Provider states in progress report dated 08/11/14 that duration of relief from medications is about 6 hours. Patient is able to perform activities of daily living (ADL's), improved participation in home exercise program, has improved sleep and is able to work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco has been prescribed in progress reports dated 03/13/14 and 08/11/14 for the treatment of chronic low back pain and nociceptive pain. In this case, patient is working, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. Urine drug screen dated 12/19/13 and 12/30/13 indicated patient was positive for "barbiturates." Provider has not discussed urine drug screen (UDS) results, aberrant behavior or adverse effects in review of reports. MTUS requires documentation of the 4A's when recommending opiates. Therefore, the request is not medically necessary.

Celebrex 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Medication for Chronic Pain Page(s): 22; 60.

Decision rationale: The patient presents with low back pain rated 7/10, and radiating pain to the left buttock rated 4/10. The request is for Celebrex 200mg #60. Patient's diagnosis on 10/07/14 included lumbar facet syndrome, left sacroiliac joint arthropathy, and left piriformis syndrome. Per provider report dated 06/20/14, MRI of the lumbar spine showed degenerative disc disease and facet arthropathy from L2 to S1. Per provider report dated 08/11/14, patient is prescribed Norco and Celebrex. Provider states duration of relief from medications is about 6 hours. Patient is able to "perform ADL's, improved participation in home exercise program, has improved sleep and is able to work" with medications. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS p60 also states, "A record of pain and function

with the medication should be recorded," when medications are used for chronic pain. Celebrex was prescribed in progress report dated 08/11/14 "to reduce pain and inflammation." NSAID's are indicated for first line treatment to reduce pain; however, Celebrex is not indicated for all patients per MTUS. Provider has not discussed GI complications, nor documented that the patient was previously prescribed other oral NSAIDs. The request does not meet guideline indications. Therefore, the request is not medically necessary.