

<b>Case Number:</b>	CM15-0015979		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38-year-old female who sustained an industrial injury to the upper and lower back and right shoulder on July 26, 2010. There was no mechanism of injury documented. The injured worker underwent arthroscopic subacromial decompression, distal clavicle resection, debridement of SLAP type I tear and debridement of bursal partial thickness rotator cuff tear on December 17, 2014. The injured worker was diagnosed with cervical disc disease with radiculopathy, lumbar discopathy, and lumbar facet syndrome. According to the treating physician's progress report on December 2, 2014, the injured worker continues to experience neck and low back pain. On evaluation there was tenderness and muscle guarding/spasm over the paravertebral muscles with piriformis spasms and sciatica type pain bilaterally and facet tenderness at L4 to S1. Gait was normal. Sensation was intact. Current medications were not documented. Treatment modalities consist of epidural steroid injection (ESI) times 3, medication, physical therapy, chiropractic therapy and home exercise program. The treating physician requested authorization for Bilateral Sacroiliac Joint Injection and Urine drug Screening. On December 29, 2014 the Utilization Review denied certification for Bilateral Sacroiliac Joint Injection and Urine drug Screening. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Sacroiliac Joint Injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, "Hip & Pelvis (updated 10/9/14)," 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 Low Back Chapter under SI joint injections

**Decision rationale:** The patient presents with persistent pain and discomfort in the right shoulder, as per pre-surgical clearance progress report dated 12/08/14. The request is for BILATERAL SACROILIAC JOINT INJECTION. The RFA for the case is dated 12/02/14, and the patient's date of injury is 07/26/10. The patient is status post three epidurals and is taking Diclofenac, as per report dated 12/08/14. As per progress report dated 12/02/14, the patient complains of neck and low back pain, rated at 9/10. The neck pain radiates to bilateral shoulders, arms and fingers. Diagnoses included cervical disc disease, cervical radiculopathy, lumbar discopathy, lumbar facet syndrome, bilateral piriformis spasm, and right sacroiliac joint arthropathy. The patient is temporarily totally disabled, as per progress report dated 11/20/14. 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).In this case, the patient suffers from right sacroiliac joint arthropathy. Physical examination reveals sacroiliac tenderness and a positive Patrick's test, as per progress report dated 12/08/14. In the same report, the treater states that the patient has three positive orthopedic tests. She has no significant radicular symptoms after the two left L4-5 transforaminal epidural injections. The treater also states that the patient has failed conservative treatments including physical therapy, chiropractic manipulative therapy, medication, rest and home exercise program more than 6 weeks over the past 12 months. ODG guidelines also recommend sacroiliac joint injections to patients who have failed conservative care and have three positive orthopedic tests. Hence, the request IS medically necessary.In this case, the patient suffers from right sacroiliac joint arthropathy. Physical examination reveals sacroiliac tenderness and a positive Patrick's test, as per progress report dated 12/08/14. In the same report, the treater states that the patient has three positive orthopedic tests. She has no significant radicular symptoms after the two left L4-5 transforaminal epidural injections. The treater also states that the patient has failed conservative treatments including physical therapy,

chiropractic manipulative therapy, medication, rest and home exercise program more than 6 weeks over the past 12 months. ODG guidelines also recommend sacroiliac joint injections to patients who have failed conservative care and have three positive orthopedic tests. Hence, the request IS medically necessary.

**Urine drug screening:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing

**Decision rationale:** The patient presents with persistent pain and discomfort in the right shoulder, as per pre-surgical clearance progress report dated 12/08/14. The request is for URINE DRUG SCREENING. The RFA for the case is dated 12/02/14, and the patient's date of injury is 07/26/10. The patient is status post three epidurals and is taking Diclofenac, as per report dated 12/08/14. As per progress report dated 12/02/14, the patient complains of neck and low back pain, rated at 9/10. The neck pain radiates to bilateral shoulders, arms and fingers. Diagnoses included cervical disc disease, cervical radiculopathy, lumbar discopathy, lumbar facet syndrome, bilateral piriformis spasm, and right sacroiliac joint arthropathy. The patient is temporarily totally disabled, as per progress report dated 11/20/14. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, none of the available progress reports document the medications used by the patient. Progress report dated 12/08/14, states that the patient uses Diclofenac, and is allergic to Vicodin, Norco and Tramadol. It is not clear if the patient is using any other opioid at this time. In progress report dated 12/02/14, the treater states that the patient needs urine drug screening to establish a baseline, to ensure compliance with medication and to ensure that she is not taking medication from multiple sources or taking illicit drugs. The last toxicology screening was almost one year ago. MTUS report recommends annual screenings in low-risk patients. Hence, the request IS medically necessary.