

Case Number:	CM15-0117063		
Date Assigned:	06/25/2015	Date of Injury:	05/24/2012
Decision Date:	09/03/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/17/2015

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 59 year old female, who sustained an industrial injury on 5/24/12. She reported initial injury due to motor vehicle accident. The injured worker was diagnosed as having left sacroiliac joint pain; left lumbar facet joint pain L4-L5/L5-S1; lumbar facet joint arthropathy; chronic low back pain; left hip pain; left groin pain. Treatment to date has included acupuncture; physical therapy; home exercise program; medications. Currently, the PR-2 notes dated 5/13/15 indicated the injured worker complains of low back pain radiating to the left buttock. The injured worker has left hip pain and left groin pain as well. She describes the symptoms as achy in quality and rates them as 7/10. She reports she has experienced these symptoms as a result of a motor vehicle accident and since that injury. On physical examination the provider notes tenderness upon palpation of the left lumbar paraspinal muscles and the left sacroiliac joint. Muscle girth is symmetric in all limbs. Peripheral pulses are 2+ bilaterally with normal capillary filling. There is full and painless range of motion in all limbs without instability. The lumbar spine range of motion was restricted by pain in all directions. In the standing position, she was able to forward flex to 40cm from touching the floor with the tip of index finger. Her lumbar extension was 20 degrees with low back pain and side bending was 20 degrees bilaterally with low back pain. Her lumbar discogenic provocative maneuvers including pelvic rock were negative bilaterally. Sacroiliac provocative maneuvers, including SI compression, iliac gapping, Yeoman's, pressure at the sacral sulcus and shear were negative bilaterally. Nerve root tension signs, including straight leg raise, sitting root, Lasegue's and Braggard's were negative bilaterally. Sustained hip flexion, Gaenslen's, Patrick's maneuver,

Yeoman's pressure at the sacral sulcus were positive on the left and negative on the right. Her neurological exam noted clonus signs absent bilaterally. Her muscle strength is 5/5/ in all limbs. Heel-toe walk were within normal limited and the Waddell's signs were negative bilaterally. The provider is requesting authorization of a diagnostic left sacroiliac joint injection; fluoroscopic guidance; and moderate sedation and lidocaine 1% jelly tube with 3 refills for the injured worker to use as her medication regime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic left sacroiliac joint injection: Overturned

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

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: This patient presents with low back pain radiating to the left buttock, left hip pain and left groin pain as well. The current request is for Diagnostic left sacroiliac joint injection. The RFA is dated 05/23/15. Treatment to date has included acupuncture, physical therapy, home exercise program and medications. 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). According to initial consultation report 05/13/15, the patient complains of low back pain radiating to the left buttock. The patient also reports left hip pain and left groin pain as well. Physical examination revealed tenderness upon palpation of the left lumbar paraspinal muscles and the left sacroiliac joint. Peripheral pulses are 2+ bilaterally with normal capillary filling. The lumbar spine range of motion was restricted by pain in all directions. Sustained hip flexion, Gaenslen's, Patrick's maneuver, Yeoman's pressure at the sacral sulcus were positive on the left and negative on the right. In regard to the request for a diagnostic SI joint injection, the treating physician has provided at least three positive exam findings required by ODG guidelines for a SI joint injection. Progress reports do not indicate that this patient has tried SI joint injections to date. The ODG criteria for a SI joint injection have been met. Therefore, the request is medically necessary.

Moderate sedation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

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: This patient presents with low back pain radiating to the left buttock, left hip pain and left groin pain as well. The current request is for Moderate sedation. The RFA is dated 05/23/15. Treatment to date has included acupuncture, physical therapy, home exercise program and medications. 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)." According to initial consultation report 05/13/15, the patient complains of low back pain radiating to the left buttock. The patient also reports left hip pain and left groin pain as well. Physical examination revealed tenderness upon palpation of the left lumbar paraspinal muscles and the left sacroiliac joint. Peripheral pulses are 2+ bilaterally with normal capillary filling. The lumbar spine range of motion was restricted by pain in all directions. Sustained hip flexion, Gaenslen's, Patrick's maneuver, Yeoman's pressure at the sacral sulcus were positive on the left and negative on the right. The treating physician has requested a left SI injection with moderate sedation for this patient. In this case, the ODG criteria for a SI joint injection have been met and due to the nature and location of the injection, moderate sedation would be reasonable. Therefore, the request is medically necessary.

Fluoroscopic guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

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: This patient presents with low back pain radiating to the left buttock, left hip pain and left groin pain as well. The current request is for Fluoroscopic guidance. The RFA is

dated 05/23/15. Treatment to date has included acupuncture, physical therapy, home exercise program and medications. 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)." According to initial consultation report 05/13/15, the patient complains of low back pain radiating to the left buttock. The patient also reports left hip pain and left groin pain as well. Physical examination revealed tenderness upon palpation of the left lumbar paraspinal muscles and the left sacroiliac joint. Peripheral pulses are 2+ bilaterally with normal capillary filling. The lumbar spine range of motion was restricted by pain in all directions. Sustained hip flexion, Gaenslen's, Patrick's maneuver, Yeoman's pressure at the sacral sulcus were positive on the left and negative on the right. The treating physician has requested a left SI injection with moderate sedation and fluoroscopic guidance. In this case, the ODG criteria for a SI joint injection has been met; therefore, an injection of contrast to ensure proper placement of the injection would be part of the diagnostic sacroiliac joint injection. Given the patient is recommended for the SI injection, the requested fluoroscopic guidance is medically necessary.

Lidocaine 1% jelly tube with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Lidoderm patches Page(s): 56-57, 111-113.

Decision rationale: This patient presents with low back pain radiating to the left buttock, left hip pain and left groin pain as well. The current request is for Lidocaine 1% jelly tube with 3 refills. The RFA is dated 05/23/15. Treatment to date has included acupuncture, physical therapy, home exercise program and medications. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS page 112 states, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics." According to initial consultation report 05/13/15, the patient complains of low back pain radiating to the left buttock. The patient also reports left hip pain and left groin pain as well. Physical examination revealed tenderness upon palpation of the left lumbar paraspinal muscles and the left sacroiliac joint. Peripheral pulses are 2+ bilaterally with normal capillary filling. The lumbar spine range

of motion was restricted by pain in all directions. Sustained hip flexion, Gaenslen's, Patrick's maneuver, Yeoman's pressure at the sacral sulcus were positive on the left and negative on the right. The treating physician has requested a topical lidocaine 1% gel. MTUS only supports Lidocaine in a patch formulation and not as a lotion, gel or any other form. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.