

Case Number:	CM15-0176268		
Date Assigned:	09/17/2015	Date of Injury:	12/16/2011
Decision Date:	10/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39 year old male with an industrial injury dated 12-16-2011. Medical record review indicates he is being treated for lumbar sprain-strain, lumbar paraspinal muscle spasm, lumbar radiculitis-radiculopathy of lower extremities, and sacroilitis of bilateral sacroiliac joint and chronic pain. In the progress note dated 08-19-2015 the treating physician documented the injured worker was complaining of worsening low back pain and limited range of motion of the lumbar spine with tingling and numbness to both legs. "The pain level is at the level of 8 out of 10 most of the time specifically sitting on hard surfaces with radiation to the thigh." Pain level rating was unchanged since the 07-15-2015 visit. Objective findings are documented as: "Patient is suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis-radiculopathy to the posterior and lateral aspect of thigh." Gaenslen's test, Patrick and Fabre test were documented as positive. "Sacroiliac joint thrust and straight leg raising test seated and supine demonstrated severely positive on today's exam." Lumbar spine exam is documented as limited range of motion of the lumbar spine as well as weakness along with tingling and numbness in both legs. MRI of the lumbar spine dated 07-05-2014 is documented as showing: Developmentally short lumbar pedicles and associated epidural lipomatosis and spondylosis resulting in moderate central spinal stenosis at lumbar 3-4, lumbar 4-5 and lumbar 5- sacral 1 with mild lumbar 5-sacral 1 neural foraminal narrowing. The report is in the submitted records. The treating physician documented (in the 07-15-2015 note): "Patient received 50% improvement after the bilateral transforaminal lumbar epidural steroid injection at lumbar 4-lumbar 5 and lumbar 5- sacral 1 performed on February 11, 2015. Patient received improvement

with weakness, tingling and numbness of the lower extremities for about six to eight weeks." Right sacroiliac injection was done on 09-17-2014 and left sacroiliac joint injection was done on 09-10-2014. The provider documented the patient received 50% improvement with improvement with weakness, tingling and numbness of the lower extremities, sustained for about six to eight weeks. In the progress note dated 08-19-2015 documentation indicates the injured worker received a prescription for Gabapentin, Omeprazole and pain cream. The treatment request is for urine drug screen, P-Stim x 4 and bilateral sacroiliac joint injection under fluoroscopy guidance. On 08-11-2015 the request for urine drug screen, P-Stim x 4 and bilateral sacroiliac joint injection under fluoroscopy guidance was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injection under fluoroscopy guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Sacroiliac joint blocks.

Decision rationale: The claimant sustained a work injury in December 2011 occurring while using a pallet jack. He continues to be treated for low back pain with lower extremity numbness and tingling. In July 2015, there had been 50% improvement after sacroiliac joint injections performed in September 2014 lasting for 6-8 weeks. On 08/19/15 Gabapentin, Omeprazole, Terocin, and a topical compounded cream were being prescribed. Physical examination findings included positive Fabere, sacroiliac joint thrust, and Gaenslen testing. There was decreased lumbar spine range of motion. Authorization for repeat sacroiliac joint injections, urine drug screening, and a trial of PENS was requested. A lumbar support and H-wave unit were prescribed. Criteria for the use of sacroiliac blocks include a history of and physical examination findings consistent with a diagnosis of sacroiliac joint pain and after failure of conservative treatments. Requirements include the documentation of at least three positive physical examination findings. In the treatment or therapeutic phase, the procedure should be repeated only as necessary and should be limited to maximum of four times for local anesthetic and steroid blocks over a period of one year. Criteria for a repeat injection include greater than 70% pain relief for 6 weeks from previous injections. In this case, the claimant has undergone prior sacroiliac joint injections with only 50% pain relief. The above criteria are not met and the requested sacroiliac joint injections are not medically necessary.

P-Stim x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Percutaneous electrical nerve stimulation (PENS).

Decision rationale: The claimant sustained a work injury in December 2011 occurring while using a pallet jack. He continues to be treated for low back pain with lower extremity numbness and tingling. In July 2015, there had been 50% improvement after sacroiliac joint injections performed in September 2014 lasting for 6-8 weeks. On 08/19/15 Gabapentin, Omeprazole, Terocin, and a topical compounded cream were being prescribed. Physical examination findings included positive Fabere, sacroiliac joint thrust, and Gaenslen testing. There was decreased lumbar spine range of motion. Authorization for repeat sacroiliac joint injections, urine drug screening, and a trial of PENS was requested. A lumbar support and H-wave unit were prescribed. Percutaneous electrical nerve stimulation (PENS) is not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. In this case, there is no evidence of a failure of a trial of TENS and an H-wave unit is being requested. There is no planned adjunctive treatment. The requested percutaneous electrical peripheral nerve stimulation treatments are not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic): Opioids, screening tests for risk of addiction & misuse (2) Pain (Chronic): Urine drug testing (UDT).

Decision rationale: The claimant sustained a work injury in December 2011 occurring while using a pallet jack. He continues to be treated for low back pain with lower extremity numbness and tingling. In July 2015, there had been 50% improvement after sacroiliac joint injections performed in September 2014 lasting for 6-8 weeks. On 08/19/15 Gabapentin, Omeprazole, Terocin, and a topical compounded cream were being prescribed. Physical examination findings included positive Fabere, sacroiliac joint thrust, and Gaenslen testing. There was decreased lumbar spine range of motion. Authorization for repeat sacroiliac joint injections, urine drug screening, and a trial of PENS was requested. A lumbar support and H-wave unit were prescribed. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication. There are no identified issues of abuse or addiction. Urine drug screening was not medically necessary.