

Case Number:	CM15-0105753		
Date Assigned:	06/04/2015	Date of Injury:	10/04/1984
Decision Date:	07/02/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/10/2015

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 65 year old female, who sustained an industrial injury on 10/4/1984. She reported injury but there were not a mechanism of injury included. The injured worker was diagnosed as having post lumbar fusion with failed back surgery syndrome and left sacroilitis with left piriformis syndrome. There is no record of a recent diagnostic study. Treatment to date has included spinal cord stimulator and medication management. In a progress note dated 2/5/2015, the injured worker complains of low back pain with episodic radiation into the bilateral lower extremities. Physical examination showed tenderness over the sacroiliac joint and greater trochanter and pain with extension and rotation of the lumbar spine with left being worse than right. The treating physician is requesting left sacroiliac joint injection, a piriformis injection with fluoroscopy and a prescription of Clonazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left sacroillac joint injection: 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 injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter, SI Joint, pages 263-264.

Decision rationale: 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 at least 3 positive specific tests for motion palpation and pain provocation for SI joint dysfunction, none have been demonstrated on medical reports submitted. 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 especially when previous treatments have not been documented to have provided any functional improvement for this chronic injury of 1984. The Left sacroiliac joint injection is not medically necessary and appropriate.

1 Piriformis injection with fluoroscopy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter, Piriformis Injections, pages 259-260.

Decision rationale: Piriformis syndrome is primarily caused by fall injury, but may include pyomyositis, dystonia musculorum deformans, and fibrosis after deep injections. Presenting symptoms involve buttock pain may be exacerbated with prolonged sitting with exam findings of tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip. Imaging may be unremarkable, but diagnosis may be confirmed by electrodiagnostic or neurologic signs, not demonstrated. Physical therapy aimed at stretching the muscle and reducing the vicious cycle of pain and spasm, is the mainstay of conservative treatment with local injections from failed conservative trial to also include manual techniques, activity modifications, and modalities like heat or ultrasound, natural healing are successful in most cases. For conservative measures to be effective, the patient must be educated with an aggressive home-based stretching program to maintain piriformis muscle flexibility and must comply with the program even beyond the point of discontinuation of formal medical treatment. The patient exhibit current complaints of constant chronic low back pain s/p failed back surgery with treatment of spinal cord stimulator. Submitted reports have not adequately demonstrated

objective findings of clinical change, functional improvement, increased ADLs, decreased medication profile or medical utilization for this chronic injury to support the procedure. The 1 Piriformis injection with fluoroscopy is not medically necessary and appropriate.

Unknown prescription of Clonazepam: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 23.

Decision rationale: Clonazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Clonazepam is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Clonazepam's continued use for the chronic injury, nor is there documented functional efficacy from treatment already rendered. The Unknown prescription of Clonazepam is not medically necessary and appropriate.