

Case Number:	CM15-0134004		
Date Assigned:	07/22/2015	Date of Injury:	05/30/2003
Decision Date:	08/19/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 56 year old male, who reported an industrial injury on 5/30/2003. His diagnoses, and or impression, were noted to include: chronic pain syndrome. No current imaging studies were noted. His treatments were noted to include sacroiliac injection in 9/2014 - effective; medication management; and rest from work. The progress notes of 6/16/2015 reported a re-evaluation of his low back and right leg pain, and symptoms, which had increased but had been made better with a sacroiliac injection. Objective findings were noted to include noting the 50-60% improvement, x 4 months, he received from the previous sacroiliac injection in 9/2014, which improved his functionality and pain, enabling him to use less oral pain medications. Also assessed were: tenderness to the bilateral sacroiliac joints, right > left, and tenderness with spasms over the lumbar para-spinals with positive bilateral Fortins finger test, Patrick's sign, Gaensten's maneuver, and right straight leg raise; and painful range-of-motion. The physician's requests for treatments were noted to include a repeat sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Valium is the brand name version of diazepam, a benzodiazepine. MTUS states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Records indicate that the patient has been on Valium in excess of the 4 week limit. The treating physician does not indicate any extenuating circumstances for why this patient should continue to be on Valium. As such, the request for Valium 5 mg Qty 60 is not medically necessary.

Bilateral SI (sacroiliac) Joint Injection, with conscious sedation under fluoroscopic 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: Low Back - Sacroiliac Injection, criteria.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural steroid injections (ESIs), therapeutic and Other Medical Treatment Guidelines MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

Decision rationale: ACOEM Guidelines report that "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended." The treating physician (6/10/2013) writes "request for left SI joint injection for therapeutic and diagnostic purposes due to multiple positive exam findings." The medical documentation provided indicate this patient has had previous SI joint injections with good pain relief.

However, the treating physician has not provided documentation of severe anxiety or other psychological or physical findings that would provide rationale for conscious sedation. The previous reviewer modified the request, the Bilateral SI (sacroiliac) Joint Injection is certified but the conscious sedation was deemed not medically necessary. As such, the request for Bilateral SI (sacroiliac) Joint Injection, with conscious sedation under fluoroscopic guidance is not medically necessary.