

Case Number:	CM15-0164843		
Date Assigned:	09/02/2015	Date of Injury:	10/08/2010
Decision Date:	10/21/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 is a 54-year-old female who sustained an industrial injury on 10-08-2010. Diagnoses include lumbar sprain-strain; lumbar paraspinal muscle spasms, disc herniation; lumbar radiculitis or radiculopathy of the lower extremities; right sacroiliitis; and chronic pain. Treatment to date has included medication, physical therapy, acupuncture and epidural steroid injections. According to the progress notes dated 6-17-2015, the IW (injured worker) reported 50% improvement in her weakness, tingling and numbness of the lower extremities, lasting for four weeks, after the ESIs at L4-5 and L5-S1 and the SI joint injection on 5-27-2015. On examination, range of motion of the low back was decreased and there was weakness, numbness and tingling in the right leg. There was also right SI joint inflammation with signs and symptoms of radiculitis or radiculopathy to the posterior and lateral aspects of the right thigh. Gaenslen's test and Patrick's test were positive, as well as SI joint thrust. Electrodiagnostic testing on 3-3-2015 was a normal study of the upper extremities. Notes from the IW's emergency room visit on 11-15-2014 stated a CURES report showed the IW had filled at least 15 controlled substance prescriptions in the previous three months by different providers. She was counseled by the ER physician about the risks of this. Urine drug screens as recent as 7-8-2015 showed results inconsistent with her pain management regimen. A request was made for right SI (sacroiliac) joint injection under fluoroscopy, per 06/17/15 order; right L4-5 and L5-S1 transforaminal epidural steroid injections under fluoroscopy, per 06/17/15 order; Ambien 16mg, #30, per 06/17/15 order; and urine drug screen, per 06/17/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI (sacroiliac) joint injection under fluoroscopy, per 06/17/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back (updated 07/17/15) - Online Version 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 (ODG) Sacroiliac joint injections.

Decision rationale: Sacroiliac joint injections (SIJ) are recommended as an option if the patient has failed at least 4-6 weeks of aggressive conservative therapy. 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). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint. Criteria for the use of SIJ blocks include that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including, physical therapy (PT), home exercise and medication management. SI joint injections are not recommended for more frequently than every 2 months and maximum 4 per year. In this case, at the time of the request for the injection less than 6 weeks had passed since the last injection. Medical necessity for the requested injection has not been established. The requested injection is not medically necessary.

Right L4-5, L5-S1 transforaminal epidural steroid injections under fluoroscopy per 06/17/15 order: 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): Epidural steroid injections (ESIs).

Decision rationale: A selective nerve root block, or transforaminal epidural steroid injection (ESI), is a variation of the traditional midline ESI; the spinal nerve roots exit the spine laterally. Based on a patient's medical history, a physical exam, and MRI findings, often a specific inflamed nerve root can be identified. According to the CA MTUS guidelines, criteria for ESI's include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, at the time of the request for the injections, less than 6 weeks had passed since the prior injections. Medical necessity of the requested injections under fluoroscopy has not been established. The requested service is not medically necessary.

Ambien 16mg #30, per 06/17/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 07/15/15) - Online Version: Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment.

Decision rationale: Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory more than opioid analgesics, and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation of duration of prior Ambien use. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.

Urine drug screen testing, per 06/17/15 order: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

Decision rationale: According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient has undergone monthly urine drug screens. There is no specific indication for this frequency of testing. Medical necessity for the requested test has not been established. The requested test is not medically necessary.