

Case Number:	CM15-0203529		
Date Assigned:	10/20/2015	Date of Injury:	09/21/2012
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female, who sustained an industrial injury on 09-21-2012. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for left knee medial meniscal tear, L5-S1 left paracentral disc bulge with mild stenosis, C7-T1 disc bulge, cervicgia, bilateral carpal tunnel syndrome, lumbar strain, right knee medial and lateral meniscal tear, status post left knee medial meniscectomy, and bilateral sacroiliac joint dysfunction. Treatment and diagnostics to date has included physical therapy for the knee, home exercise program, and use of medications. Recent medications have included Anaprox DS and Levothyroxine. Subjective data (08-06-2015 and 09- 10-2015), included neck pain and stiffness with associated headaches, bilateral wrist pain, low back pain radiating into the right buttock and hip (rated 7 out of 10 on 08-06-2015), and bilateral knee pain (all rated 10 out of 10 on 09-10-2015). Objective findings (09-10-2015) included tenderness to palpation over the right greater than left sacroiliac joint with positive Fortin's, posterior thigh thrust, pelvic distraction, and pelvic compression tests. The Utilization Review with a decision date of 09-24-2015 non-certified the request for Restoril 30mg at bedtime and bilateral sacroiliac joint blocks with arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg QHS, unspecified quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, "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." In this case the exam note from 0/10/15 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition there is no mention of prior response to this medication, increase in activity of a urine toxicology report demonstrating compliance. Therefore the request for Restoril is not medically necessary and is not certified.

Bilateral Sacroiliac Joint Blocks: 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 Blocks; Correlation of clinical examination characteristics with three sources of chronic low back pain. Young S, Aprill C, Laslett M.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case there is no evidence of aggressive conservative therapy directed at the sacroiliac joint being performed prior to the request for the sacroiliac joint injection on 9/10/15. Therefore the guideline criteria have not been met and determination is for non-certification. The request is not medically necessary.

Arthrogram: 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) Hip and Pelvis, Sacroiliac joint blocks.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint injection. According to the ODG Hip and Pelvis, Sacroiliac joint blocks it is recommended as an option if 4-6 weeks of aggressive conservative therapy has been failed. In addition there must be at least 3 positive exam findings such as a pelvic compression test, Patrick's test and pelvic rock test. In this case there is no evidence of aggressive conservative therapy directed at the sacroiliac joint being performed prior to the request for the sacroiliac joint injection on 9/10/15. Since the sacroiliac joint injection is not medically necessary, neither is the sacroiliac arthrogram. Therefore the guideline criteria have not been met and determination is for non-certification. The request is not medically necessary.