

<b>Case Number:</b>	CM15-0115887		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	04/17/1995
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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:

The injured worker is a 43-year-old male, with a reported date of injury of 04/17/1995. The mechanism of injury was a motor vehicle accident. The injured worker's symptoms at the time of the injury included low back pain. The diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet joint pain, lumbar disc bulge, L5 on S1 spondylolisthesis, lumbar stenosis, lumbar facet arthropathy, and sacroiliac joint pain. Treatments and evaluation to date have included bilateral multilevel lumbar epidural injection on 08/25/2010 and 05/07/2013; oral medications; and lumbar laminectomy, bilateral medial facetectomy and foraminotomy on 09/30/2013. The diagnostic studies to date included an electrodiagnostic study of the bilateral lower extremities on 12/07/2014 which showed no evidence of lumbosacral radiculopathy, plexopathy, or peripheral nerve entrapment; an MRI of the lumbar spine on 12/17/2014 which revealed advanced disc disease at L5-S1, mild to moderate neural foraminal and lateral recess narrowing, mild to moderate lateral recess narrowing at L4-5 with effacement of the transiting L5 nerve roots, no appreciable pars defect, and no findings for acute fracture or paraspinal soft tissue swelling. The medical report dated 11/12/2014 indicates that the injured worker had an electrodiagnostic study on 07/21/2010 and 07/08/2013; and an MRI of the lumbar spine on 07/22/2010, and 07/27/2013. The pain management consultation report dated 05/12/2015 indicates that the injured worker had moderate to severe pain in the lumbosacral spine with radiation into the left lower extremity. He reported 75% relief from the L4-5 transforaminal epidural steroid injection on 04/08/2015, which lasted two weeks and improved his leg pain. It was noted that he had sacroiliac symptoms, which returned to baseline. The injured worker

currently rated his pain 6 out of 10. The majority of his low back pain originated at the sacroiliac joints. Therefore, the treating physician requested bilateral sacroiliac joint injection. The report indicates that the most recent MRI of the lumbar spine showed disc bulges at L3-4, L4-5, and L5-S1. It was also noted that the most recent electrodiagnostic study showed no evidence of radiculopathy. The injured worker had improved lumbar spine pain and left lower extremity pain. He continued to work full-time, remained fully functional, and had no definite work limitations at that time. The injured worker reported no adverse effects of medication management and there were no abnormal medication behaviors. The physical examination showed tenderness over the lateral aspect of the right iliac crest; bilateral L4-5 and L5-S1 facet joint tenderness; bilateral sacroiliac joint tenderness; decreased lumbar range of motion; positive left straight leg raise test; mild pain to the left L4 dermatome; minimal pain in the left L5 and S1 dermatomes; decreased deep tendon reflexes at the bilateral patellar tendons and bilateral Achilles tendons, and normal muscle strength throughout the left lower extremity; however performed with difficulty compared to the right. The injured worker's status was return to work. The treating physician requested one bilateral sacroiliac joint injection and Ambien 10mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One (1) bilateral sacroiliac 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 (ODG), Sacroiliac joint blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Sacroiliac joint injection and Hip and Pelvis chapter, Sacroiliac joint blocks.

**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. In this case, the injured worker had two weeks of pain relief after a lumbar transforaminal epidural steroid injection; however, the sacroiliac joint symptoms returned to baseline. There should be evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease. At least three positive exam findings of SI joint dysfunction should be present on physical exam such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust

Test (POSH). The objective findings included a positive Fortin Ginger test and a positive Gaenslen's test; however, there was no documentation of a third positive finding on exam as recommended by the guidelines. In addition, the treating physician noted palpable tenderness over the bilateral SI joints, but did not document any other physical finding consistent with SI joint dysfunction. There was no documentation of completed or failed conservative care over the past 6 months. Medical necessity for the SIJ injection has not been established. The requested bilateral procedure is not medically necessary.

**Ambien 10mg #30:** 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), 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) Pain chapter, Zolpidem (Ambien).

**Decision rationale:** Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks), and is rarely recommended for long-term use. Ambien is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. It can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien 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. In this case, the injured worker has been taking Ambien since at least 05/12/2015. The rationale for this request was not indicated in the medical records. The request also exceeds the guideline recommendations. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.