

Case Number:	CM15-0030140		
Date Assigned:	05/22/2015	Date of Injury:	12/05/1986
Decision Date:	06/11/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 68 year old female with an industrial injury dated 12/05/1986. Her diagnoses included lumbosacral spondylosis, sacroiliac dysfunction and post laminectomy syndrome lumbar region. Prior treatments included bilateral sacroiliac joint injections, thoracic 1- lumbar 4 posterior fusion, epidural blocks and trigger point injections. She presents on 12/30/2014 for follow up on low back pain. She had a fall in her yard in October 2014 and shattered the left femur. The provider documents her posture and gait has been compromised during her recovery, however before her fall she continued to have persistent sacral pain, without radiculopathy. She is complaining of pain in lumbar region of the back bilaterally (left worse than right) and sacral region bilaterally (left worse than right). According to documentation the pain was more severe, more frequent and lasted longer than when she was evaluated at her previous visit. Physical examination noted tenderness in hip area bilaterally with muscle tenderness. Range of motion was decreased. Sacral spine revealed tenderness of midline bilaterally in an asymmetrical distribution on the right - mild and on the left moderate. Sacroiliac joint revealed moderate tenderness. The provider documents she had over 50% relief with previous sacroiliac joint injections. Treatment plan included a request for bilateral sacroiliac injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg: 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(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 5mg #1 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are lumbosacral spondylosis; sacroiliac dysfunction; and post laminectomy syndrome lumbar region. The date of injury is December 5, 1986 (29 years prior). The injured worker underwent a thoracic - sacral fusion in 1996 with a revision in 2000. According to the December 30, 2014 progress note, the injured worker had a prior SI joint injection in 2012 that provided greater than 50% pain relief. The duration of pain relief is not documented in the medical record. According to the December 2014 progress note, subjectively, the injured worker has been using a walker. Her gait has been compromised during the recovery period. The worker has low back pain bilaterally and sacral region bilaterally. Objectively, there is tenderness in the hip area bilaterally and muscle tenderness bilaterally. The SI joint is tender. The documentation in the December 30, 2014 progress note does not discuss Valium 5 mg. There was no clinical indication or rationale in the provider progress note for Valium. The utilization review indicates Valium 5 mg #1 was given prior to the SI joint injection. Additionally the documentation does not state whether the value was given PO or IV. Consequently, absent clinical documentation with a clinical indication and rationale (and the provider progress note dated December 2014) for Valium 5 mg #1, Valium 5mg #1 is not medically necessary.

Bilateral SI joint injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter.

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 section, SI joint injection.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral S I joint injection is not medically necessary. SI joint blocks are recommended as an option if the injured worker failed at least 4-6 weeks of aggressive conservative therapy. SI dysfunction is poorly defined and the diagnosis often difficult to make due to the presence of other low back pathology. The criteria for the use of sacroiliac blocks include: history and physical should suggest the diagnosis; diagnostic evaluation must first address other possible pain generators; the patient has

had and failed 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management; blocks are performed under fluoroscopy; a positive diagnostic responses recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed; if steroids are injected during the initial injection, the duration of pain relief should be at least six weeks with at least a greater than 70% pain relief reported for this, etc. In this case, the injured worker's working diagnoses are lumbosacral spondylosis; sacroiliac dysfunction; and post laminectomy syndrome lumbar region. The date of injury is December 5, 1986 (29 years prior). The injured worker underwent a thoracic- sacral fusion in 1996 with a revision in 2000. According to the December 30, 2014 progress note, the injured worker had a prior SI joint injection in 2012 that provided greater than 50% pain relief. The duration of pain relief is not documented in the medical record. According to the December 2014 progress note, subjectively the injured worker has been using a walker. Her gait has been compromised during the recovery period. The worker has low back pain bilaterally and sacral region bilaterally. Objectively, there is tenderness in the hip area bilaterally and muscle tenderness bilaterally. The SI joint is tender. The request indicates bilateral SI joint injections were indicated. The physical examination states the SI joint is tender. There is no documentation indicating left versus right versus bilateral. There is no documentation in the December 2014 progress note indicating the injured worker failed at least 4 to 6 weeks of aggressive conservative therapy. Prior documentation of the SI joint injection is insufficient to warrant a follow-up SI joint injection. The documentation indicates a greater than 50% pain relief, but there is no duration of pain relief documented. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, bilateral SI joint injections are not medically necessary.