

Case Number:	CM15-0095274		
Date Assigned:	05/22/2015	Date of Injury:	12/30/2009
Decision Date:	06/29/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 47 year old female patient who sustained an industrial injury to her lower back on 12/30/2009. The diagnoses include lumbago, sacroiliitis, lumbosacral spondylosis without myelopathy, and lumbar degenerative disc disease. According to the primary treating physician's latest progress report for this review on January 14, 2015, she was evaluated post sacroiliac (SI) injection performed on December 29, 2014. She reported 70% relief, increased function and activity level, no Zanaflex used and decrease in Tramadol usage. She feels it is starting to wear off. She rates her current pain level at 3/10; worst pain is 6/10; least 3/10 and an average of 5/10. Examination demonstrated mild tenderness of the bilateral sacroiliac (SI) joints without notch tenderness, good range of motion with extension and flexion almost to her feet, Piriformis tenderness absent bilaterally with normal muscle mass and tone, hypersensitivity at the outer upper right legs and muscle group weakness in both lower extremities along with deep tendon reflexes at the knees 3+ and ankle 1+. The current medications list includes Tramadol, Ibuprofen and Zanaflex. She has had diagnostic testing including an Electromyography (EMG)/Nerve Conduction Velocity (NCV) which was negative for radiculopathy and peripheral neuropathy and a lumbar magnetic resonance imaging (MRI) in 2010 demonstrating multi-level disk bulging without neural compromise and facet arthropathy at L4-L5 and L5-S1. Treatment to date includes rest and activity modification, facet joint injection, sacroiliac injections, physical therapy (24 sessions), chiropractic therapy and medications. Treatment plan consists of regular exercise program; continue with medication regimen as needed and the current request for bilateral sacroiliac joint injections under fluoroscopy and Zanaflex renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint injections under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 611, Chronic Pain Treatment Guidelines Low Back Disorders Page(s): 611. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Hip and Pelvis, Acute and Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis (updated 10/09/14) Sacroiliac joint blocks.

Decision rationale: Request- Bilateral sacroiliac joint injections under fluoroscopy. Per the ODG sacroiliac joint injection is "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. 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)." Failure to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. Previous conservative therapy notes, are not specified in the records provided. Patient had sacroiliac joint injection on 12/9/14. Whether relief with injection sustained at least 6 weeks or not is not specified in the records provided. The medical necessity of Bilateral sacroiliac joint injections under fluoroscopy is not fully established in this patient at this time.

Zanaflex 4mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Disorders Page(s): 611. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Hip and Pelvis, Acute and Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: Request- Zanaflex 4mg quantity 30. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." The patient has chronic lower back pain. The patient has significant objective abnormalities on the musculoskeletal physical examination-tenderness of the bilateral sacroiliac (SI) joints without notch tenderness, hypersensitivity at the outer upper right legs and muscle group weakness in both lower extremities along with deep tendon reflexes at the knees 3+ and ankle 1+. Tizanidine is recommended for chronic myofascial pain. The request of Zanaflex 4mg quantity 30 is deemed medically appropriate and necessary for this patient.