

<b>Case Number:</b>	CM13-0014087		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	04/03/2006
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55 year-old female maintenance worker sustained an injury on 4/3/06 while employed by [REDACTED]. Request under consideration include Zolpidem 10mg # 30 and fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation (neurotomy/rhizotomy). Diagnoses include Lumbar disc displacement/ spinal stenosis/ neuritis/ sprain/ disc degeneration; and disorders of the sacrum. Report of 7/8/13 from the provider noted the patient with complaints of ongoing bilateral low back pain. Medications list Ambien, Zipsor, Lidoderm patch, Lyrica, Hydrocodone. Exam indicated restricted lumbar range in all directions; provocative maneuvers positive in bilateral SI joint, Gaenslen's, Patrick's and sacral sulcus root tension; absent clonus, babinski's and Hoffman's; with muscle strength of 5/5 except for 4+/5 in bilateral TA, EHL, and quadriceps with decreased sensation in right L5 dermatome. It was noted the last SI injection the patient received resulted in 80% improvement of symptoms for over two hours. There is an appeal report dated 11/6/13 for the SI joint radiofrequency ablation procedure noting the patient had positive diagnostic right SI joint injections and MTUS is silent on SI RFA, therefore peer review literature is the next line of support. The requests for Zolpidem 10mg # 30 and the right SI rhizotomy was non-certified on 7/24/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUOROSCOPICALLY GUIDED RIGHT SACROILIAC JOINT RADIOFREQUENCY NERVE ABLATION (NEUROTOMY/RHIZOTOMY): 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) HIP CHAPTER, SACROILIAC JOINT RADIOFREQUENCY NEUROTOMY, PAGES 265-266: NOT RECOMMENDED.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HIP CHAPTER, SACROILIAC JOINT RADIOFREQUENCY NEUROTOMY, PAGES 265-266: NOT RECOMMENDED.

**Decision rationale:** This 55 year-old female maintenance worker sustained an injury on 4/3/06 while employed by [REDACTED]. Request under consideration include fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation (neurotomy/rhizotomy). Diagnoses include Lumbar disc displacement/ spinal stenosis/ neuritis/ sprain/ disc degeneration; and disorders of the sacrum. Report of 7/8/13 from the provider noted the patient with complaints of ongoing bilateral low back pain. Medications list Ambien, Zipsor, Lidoderm patch, Lyrica, Hydrocodone. Exam indicated restricted lumbar range in all directions; provocative maneuvers positive in bilateral SI joint, Gaenslen's, Patrick's and sacral sulcus root tension; absent clonus, babinski's and Hoffman's; with muscle strength of 5/5 except for 4+/5 in bilateral TA, EHL, and quadriceps with decreased sensation in right L5 dermatome. It was noted the last SI injection the patient received resulted in 80% improvement of symptoms for over two hours. The request for the right SI rhizotomy was not medically necessary on 7/24/13 citing guidelines criteria and lack of medical necessity. There is an appeal report dated 11/6/13 for the SI joint radiofrequency ablation procedure noting the patient had positive diagnostic right SI joint injections and MTUS is silent on SI RFA, therefore peer review literature is the next line of support. Although MTUS is silent on this controversial procedure, per ODG, Sacroiliac joint radiofrequency neurotomy is not recommended as the use of all the techniques including pulsed radiofrequency denervation of the medial L4 branches, posterior L5 rami, and lateral branches of S1 and S2 has been questioned due to the fact that the innervation of the SI joint remains unclear. Controversy remains over the correct technique for radiofrequency denervation. Sponsored by the American Society of Interventional Pain Physicians, a recent review of this intervention in a journal found that the evidence was limited for this procedure and larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. The patient had received only hours of relief from the previous SI joint injection which has not met guidelines criteria of at least 70% pain relief obtained for a minimum of 6 weeks duration. The fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation (neurotomy/rhizotomy) is not medically necessary and appropriate.

**ZOLPIDEM 10MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Zolpidem (Ambien®), pages 877-878.

**Decision rationale:** This 55 year-old female maintenance worker sustained an injury on 4/3/06 while employed by [REDACTED]. Request under consideration include Zolpidem 10mg # 30 and fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation (neurotomy/rhizotomy). Diagnoses include Lumbar disc displacement/ spinal stenosis/ neuritis/ sprain/ disc degeneration; and disorders of the sacrum. Report of 7/8/13 from the provider noted the patient with complaints of ongoing bilateral low back pain. Medications list Ambien, Zipsor, Lidoderm patch, Lyrica, Hydrocodone. Exam indicated restricted lumbar range in all directions; provocative maneuvers positive in bilateral SI joint, Gaenslen's, Patrick's and sacral sulcus root tension; absent clonus, babinski's and Hoffman's; with muscle strength of 5/5 except for 4+/5 in bilateral TA, EHL, and quadriceps with decreased sensation in right L5 dermatome. It was noted the last SI injection the patient received resulted in 80% improvement of symptoms for over two hours. There is an appeal report dated 11/6/13 for the SI joint radiofrequency ablation procedure. Per the ODG, this non-benzodiazepines CNS depressant is the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment rendered. Submitted reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Zolpidem 10mg # 30 is not medically necessary and appropriate.