MAXIMUS Federal Services

Case Number:	CM13-0040468		
Date Assigned:	12/20/2013	Date of Injury:	12/12/2002
Decision Date:	02/28/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine, Rehabilitation, and Pain Management has a subspecialty in Interventional Spine 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 physician 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:

The patient is a 65-year-old female with date of injury on 12/12/2002. The progress report dated 10/01/2013 by [redacted] indicates that the patient's diagnoses include: 1. Chronic postoperative pain. 2. Postlaminectomy syndrome, cervical. 3. Radiculitis, cervical. 4. Spondylosis, cervical. 5. Cervicalgia. 6. Pain on soft tissue 7. Insomnia. The patient continues with left trapezius and shoulder pain. It was noted that the patient had undergone left C4-C5 and C7-T1 interlaminar epidural steroid injection on 08/15/2013 with approximately 50% relief. Seemed to continue to improve. The patient continued with headache since the injection. The patient reports occasional bilateral upper extremity numbness when lying down, constant left hand numbness. Physical exam indicates tenderness to palpation of the cervical spine and trapezius. The patient has limited range of motion of the cervical spine. Bilateral upper extremity motor strength was 5/5, sensation was intact, sensory was intact to light touch. Deep tendon reflexes were 2+ and symmetric. Coordination was intact. There was a positive Spurling's on the left. The patient has history of MRI of the cervical spine which shows C4-C5 and C6-C7 adjacent segment degeneration with spondylosis. Request was made for Ambien 10 mg #30 for insomnia which was caused by the patient's chronic pain related to her industrial injury. It was noted the patient has had good results with Ambien in the past and was able to sleep for 6 hours and feels much more rested when she wakes up. Without Ambien, it takes the patient over an hour to fall asleep, and she will be up again in 2 to 3 hours. Her 16 sessions of physical therapy for the neck and left shoulder was requested. Repeat interlaminar injection at C4-C5 and C7-T1 was requested as the patient had greater than 50% relief from previous injection. The utilization review letter dated 10/11/2013 issued a noncertification for the Ambien, physical therapy 16 sessions, and repeat interlaminar injection at C4-C5. and C7-T1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg every night #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Chronic Pain Chapter online, Zolpidem:

Decision rationale: The records appear to indicate the patient continues with insomnia secondary to chronic pain which the patient has had long-term use of Ambien which has provided good results and allowing the patient to sleep for 6 hours and feels much more rested when she wakes up. Without Ambien, it takes the patient over an hour to fall asleep, and she will be up again in 2 to 3 hours, and it is very difficult for the patient to fall asleep. MTUS Guidelines are silent in regards to the use of Ambien. Therefore, ODG Guidelines were reviewed which recommend Ambien for the short term usually 2 to 6 weeks for treatment of insomnia. Although this patient has had a satisfactory response to his medication in the past the guidelines do not recommend long-term use of this medication. Therefore, Decision for Ambien 10mg every night #30is not medically necessary and appropriate.

Sixteen Physical Therapy Visits To Neck and Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient continues to present with neck pain and numbness and tingling into the left upper extremity. A request was made for 16 sessions of physical therapy for the neck and left shoulder. MTUS page 98-99 for physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine. A maximum of 10 visits is recommended for myalgia and myositis, neuralgia, neuritis, and radiculitis. It is unclear how many sessions of physical therapy the patient has had in the recent past. However, the request for 16 sessions of physical therapy exceeds the recommended number of physical therapy treatment allowed by MTUS. Therefore Sixteen Physical Therapy Visits To Neck and Left Shoulder is not medically necessary and appropriate.

Intralaminary Injection Under Fluoroscopic Guidance and Monitored Anesthesia at Left C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines esi Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: The patient continues with bilateral upper extremity numbness when lying down. It causes left hand numbness. The patient has previously undergone left-sided interlaminar epidural steroid injections with greater than 50% relief from the previous injection with unknown duration of relief. The treating physician indicates that the patient's MRI of the cervical spine revealed C4 C5 and C6-C7 adjacent segment degeneration with spondylosis. The physical exam indicated motor strength in the upper extremities to be 5/5 bilaterally, and sensation was intact to light touch, and deep tendon reflexes were 2+. MTUS Guidelines page 46, 47 regarding epidural steroid injections state that radiculopathy must be documented by physical examination and corroborated by imaging studies. The records do not appear to indicate that physical exam showed any radiculopathy noted on any dermatomal pattern. MTUS further states that repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. It is unclear how long the previous injection lasted. MTUS further states that interlaminar injections should be limited to no more than 1 level at 1 session. The request is for interlaminar injection at C4-C5 . The requested injection does not appear to be supported by the guidelines noted above. Therefore, Decision for Interlaminar Injection Under Fluoroscopic Guidance and Monitored Anesthesia at Left C4-5 is not medically necessary and appropriate.