

Case Number:	CM13-0044683		
Date Assigned:	05/09/2014	Date of Injury:	05/24/2007
Decision Date:	07/09/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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 Occupational Medicine, 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:

The patient is a 65 year-old male who has filed a claim for bilateral shoulder subacromial impingement with adhesive capsulitis and internal rotation contracture, and cervicalgia associated with an industrial injury date of May 24, 2007. Review of progress notes reports bilateral shoulder pain, stiffness, and weakness, more on the right. Patient recently went off Norco, resulting in increased pain and difficulty sleeping. Findings of both shoulders include limited range of motion, impingement, and slightly decreased supraspinatus motor strength. Patient also has neck pain radiating into bilateral arms, which has minimally responded to conservative therapy. Findings include limited cervical range of motion, point tenderness along the muscles, facet tenderness, and reproducible radicular pain upon ipsilateral rotation and flexion. There is persistent paresthesia in the left C7 dermatome. Cervical MRI dated January 14, 2013 showed progression of disc degeneration, development of disc protrusion at C6-7, narrowing of the left neuroforamen and possible mild impingement of the exiting nerve root at C7-T1, and spondylosis at C5-6. Treatment to date has included anti-inflammatories, opioids, Ambien, topical compounded creams, physical therapy, home exercise program, chiropractic therapy, and cortisone injections. Utilization review from October 14, 2013 denied the request for spine specialist follow-up for evaluation and treatment of cervical spine with [REDACTED] as patient is pending cervical epidural steroid injection, and there is no documentation of progressive neurologic deficits; and pain management referral to [REDACTED] as patient already had consultation with a different pain management specialist and a second consultation is not necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINE SPECIALIST FOLLOW UP FOR EVALUATION AND TREATMENT OF CERVICAL SPINE WITH [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations , 30-34.

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, Office visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG states that evaluation and management outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, recent progress notes do not describe symptoms or findings referable to the cervical spine. Also, a referral to pain specialist recommended cervical epidural steroid injection. There is no documentation whether this has already been performed, and thus, at this time, there is no clear indication as to the necessity of a spine specialist follow-up. Therefore, the request for spine specialist follow-up for evaluation and treatment of cervical spine with [REDACTED] was not medically necessary.

PAIN MANAGEMENT REFERRAL TO [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there has already been a pain referral in August 2013, with plan of cervical epidural steroid injection and follow-up for post-injection evaluation. There is no documentation whether this has been carried out, or whether follow-ups have been done with this pain specialist. There is no clear rationale for consult with another pain management specialist at this time. Therefore, the request for pain management referral to [REDACTED] was not medically necessary per the guideline recommendations of CA MTUS.

AMBIEN 10MG DAILY AT BEDTIME WHEN NECESSARY FOR SLEEP: Upheld

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

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, Ambien (zolpidem tartrate).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Patient has been on this medication since at least March 2013. Although the patient notes difficulty sleeping due to the increasing pain, this medication is not recommended for long-term use. The requested quantity is not specified. Previous utilization review determination, dated October 14, 2013, has already certified this request for #30. Therefore, the request for Ambien 10mg is not medically necessary.