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| <b>Case Number:</b>   | CM13-0048897 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 04/05/2012 |
| <b>Decision Date:</b> | 04/18/2014   | <b>UR Denial Date:</b>       | 10/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2013 |

### 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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 34-year-old who sustained a work related injury on April 5 2012. Subsequently he developed low back pain. According to the note of October 15 2013, the patient continued to have low back pain and right lateral epicondyle trigger point. His physical demonstrated lumbar facet tenderness without neurological deficit. MRI of the lumbar spine showed L5 facet arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FOUR TRIGGER POINT INJECTIONS TO THE RIGHT LATERAL EPICONDYLE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 242, Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the Elbow Disorders Chapter of the ACOEM Practice Guidelines, trigger point injection was not recommended for shoulder pain. In addition there is no documentation of lateral epicondyle trigger points. The request for four trigger point injections to the right lateral epicondyle is not medically necessary or appropriate.

**BILATERAL LUMBAR MEDIAL BRANCH BLOCKS AT L3, L4, L5, AND S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Facet Joint Intra-Articular Injections (Therapeutic Blocks) Section

**Decision rationale:** According to the ODG regarding facets injections, "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate functional improvement. In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial." The ODG guidelines did not support facet injection for lumbar pain in this clinical context. In addition, there is no clear evidence of radiculopathy or documentation that lumbar facets as main pain generator. The request for bilateral lumbar medial branch blocks at L3, L4, L5, and S1 are not medically necessary or appropriate.

**MRI OF THE BILATERAL ELBOWS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

**Decision rationale:** According to the Elbow Disorders Chapter of the MTUS ACOEM Practice Guidelines, MRI of the elbow is not recommended for epicondyle pain. The request for an MRI of the bilateral elbows is not medically necessary or appropriate.

**LUNESTA 2 MG, THIRTY COUNT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-Benzodiazepine Sedative-Hypnotics (Benzodiazepine-Receptor Agonists) Section

**Decision rationale:** According to the Official Disability Guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien® and Ambien® CR), zaleplon (Sonata®), and eszopicolone (Lunesta®). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV (intravenous) controlled substances, which means they have potential for abuse and dependency". There is no documentation that the patient is actually suffering from sleep problem. In addition, Lunesta is not recommended for long term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue if there is any. The request for Lunesta 2mg, thirty count, is not medically necessary or appropriate.