

Case Number:	CM13-0061991		
Date Assigned:	12/30/2013	Date of Injury:	08/31/1998
Decision Date:	05/16/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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, 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 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 patient is a 51-year-old male with a date of injury of 08/31/1988. The listed diagnoses per [REDACTED] are chronic pain syndrome, chronic postoperative pain, cervicgia, radiculitis, cervical, postlaminectomy syndrome, cervical, stenosis, cervical, degeneration intervertebral disk, cervical, headaches, pain in joint shoulder, disturbance skin sensations numbness and paresthesia and insomnia. According to report dated 11/19/2013 by [REDACTED], the patient presents with continued pain in the neck, shoulder, bilateral hand, and mid low back. The patient has had improved pain with peripheral stimulator and pain is managed with medications. Medical records indicate the patient's past surgical history include cervical surgery x2 anterior C5-C6, C6-C7 fusion in 2000 and posterior C5-C6 and C6-C7 fusion in 2002. The patient's medication includes Duragesic, Percocet, MS Contin, Ambien, cholesterol medication, Prilosec, Prozac, Neurontin, and Wellbutrin. Physical examination of the cervical/thoracic/lumbar spine revealed tenderness to palpation over bilateral cervical paraspinals, cervical range of motion is decreased on all planes, and lumbar range of motion is within normal limits. The treatment plan includes continuation of medication, random urine toxicology screening, and a request for a course of physical therapy. The provider also requests a CT scan of the lumbar spine to rule out stenosis and evaluate for any change from prior scans. Operative report from 05/22/2013 indicates patient had a revision placement 8 contact spinal cord stimulator at the left side of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 SESSIONS OF PHYSICAL THERAPY FOR THE CERVICAL AND LUMBAR SPINE AND BILATERAL SHOULDERS: Upheld

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

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

Decision rationale: This patient presents with continued pain in the neck, shoulder, bilateral hand, and mid low back. The provider is requesting 18 physical therapy sessions. A review of one year worth of reports does not indicate the patient has had any recent physical therapy. For physical therapy medicine, the California MTUS guideline recommends 9-10 session over 8 weeks. The provider's request for 18 sessions exceeds what is recommended by MTUS. Recommendation is for denial.

RETRO - RANDOM URINE TOXICOLOGY SCREENING PANEL ON 11/19/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing.

Decision rationale: This patient presents with continued pain in the neck, shoulder, bilateral hand, and mid low back. The provider is requesting retrospective for random urine toxicology panel for medication compliance. While California MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use in low risk patient. In this case, the provider has been ordering monthly Urine drug screens since at least June of 2013. The UDS reports are not provided for review, nor are there any discussions of the results. It is unclear why the provider is requesting such frequent testing. ODG recommends one yearly screening in low risk patients. Recommendation is for denial.

ONE (1) COMPUTED TOMOGRAPHY (CT) SCAN OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: This patient presents with continued pain in the neck, shoulder, bilateral hand, and mid low back. The provider also requests a CT scan of the lumbar spine to rule out stenosis and evaluate for any change from prior scans. ACOEM guidelines page 309 states under CT, recommendation is made when caudal equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. ODG guidelines states CT scans are not recommended, except for trauma with neurological deficit. In this case, the provider is concerned of patient's chronic low back pain. CT scans are indicated when there is trauma and neurological deficits. In addition, there is no indication that the patient has had a prior x-ray. Request is for denial.

AMBIEN CR 12.5MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 6th Edition (web), 2008, Pain - Zolpidem (Ambien)

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

Decision rationale: This patient presents with continued pain in the neck, shoulder, bilateral hand, and mid low back. Provider is requesting Zolpidem CR12.5mg for the patient's sleep difficulties. The California MTUS and ACOEM guidelines do not discuss Zolpidem. However, ODG guideline has the following regarding Ambien for insomnia: "Zolpidem [Ambien® (generic available), Ambien CR] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." Medical records indicate this patient has been prescribed Ambien CR since 12/11/2012. This medication is recommended for up to 24 weeks in adults with insomnia. Recommendation is for denial.