

<b>Case Number:</b>	CM14-0004877		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 an employee of [REDACTED] and has submitted a claim for neck and low back pain associated with an industrial injury date of August 24, 2011. Treatment to date has included medications, including Ambien 10 mg 1 tablet by mouth at bedtime (since November 2013), physical therapy, left knee injection, and L5-S1 interlaminar epidural injection. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of left-sided neck pain associated with headaches and low back pain radiating to the lower extremities. On physical examination, there was tenderness throughout the posterior cervical musculature. Left shoulder abduction and forward flexion were limited with positive impingement sign and supraspinatus test. The patient also had positive thoracic outlet tests including Roos, Wright, and brachial plexus stretch tests on the left. Wrist Tinel, median nerve compression, and cubital tunnel Tinel tests were also positive on the left. Decreased grip strength was also noted. There was also hypoesthesia in the left upper extremity. Examination of the lumbar spine revealed tenderness of the lumbar musculature with decreased range of motion. There was also piriformis tenderness on the left. Straight leg raise test was positive bilaterally. Hypoesthesia of the left lateral leg distal to the knee was also reported. X-ray of the left shoulder dated June 6, 2013 demonstrated type III acromion. Utilization review from December 27, 2013 denied the request for 1 ultrasound of left brachial plexus because there was no support for the use of ultrasound in the diagnosis of brachial plexus disorders; 1 Doppler flow left shoulder because there are no guideline recommendations with regard to the use of Doppler flow in the diagnosis and management of thoracic outlet syndrome; 1 ultrasound of left elbow, piriformis, and common peroneal because these diagnostic tests would not facilitate the diagnosis or conservative treatment of the specified anatomic areas. The same review denied the request for 1 ultrasound

of fibular head and 1 prescription of Ambien 10 mg but the rationale for determination was not included in the records for review.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 ULTRASOUND OF LEFT BRACHIAL PLEXUS: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Arterial Ultrasound TOS Testing.

**Decision rationale:** CA MTUS does not specifically address ultrasound testing for thoracic outlet syndrome. 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. ODG states that the clinical tests for vascular thoracic outlet syndrome are not recommended. The effect of these clinical tests and the most effective arm positions for detecting arterial compromise are unknown. In this case, the patient was diagnosed to have left posttraumatic thoracic outlet syndrome. The medical records, however, failed to state the indication for ultrasound examination of the left brachial plexus despite not being recommended by guidelines. Therefore, the request for 1 Ultrasound of Left Brachial Plexus is not medically necessary.

### **1 DOPPLER FLOW OF LEFT SHOULDER: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 557-559-561-563.

**Decision rationale:** According to pages 557-559 of the ACOEM Practice Guidelines as referenced by CA MTUS, for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation failed to improve symptoms. In this case, the patient was diagnosed to have left posttraumatic thoracic outlet syndrome associated with left shoulder adhesive capsulitis. However, the medical records did not provide evidence of failure of conservative management prior to the requested procedure. Moreover, there was no discussion regarding the indication for a Doppler study of the shoulder. There is no clear indication for the requested procedure. Therefore, the request for 1 Doppler Flow of Left Shoulder is not medically necessary.

### **1 ULTRASOUND OF LEFT ELBOW, PIRIFORMIS AND COMMON PERONEAL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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) Elbow Chapter, Ultrasound, Diagnostic; Hip And Pelvis Chapter, Piriformis Injections; Knee Chapter, Ultrasound, Diagnostic.

**Decision rationale:** CA MTUS does not specifically address ultrasound of the elbow, piriformis, and the knee. 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. Regarding ultrasound of the elbow, ODG states that criteria include chronic elbow pain wherein nerve entrapment or mass or biceps tendon tear are suspected when plain films are non-diagnostic. In this case, the most recent medical note did not include subjective or objective findings of possible elbow nerve entrapment or mass or biceps tendon tear. Regarding ultrasound of the piriformis, ODG states that imaging modalities are rarely helpful in the diagnosis of piriformis syndrome but electrophysiologic studies should confirm the diagnosis. In this case, the patient was diagnosed to have left posttraumatic thoracic outlet syndrome associated with left piriformis syndrome; however, there was no discussion regarding the indication for a piriformis ultrasound despite being rarely helpful in the diagnosis of piriformis syndrome. Regarding common peroneal ultrasound, ODG states that ultrasound of the knee has been shown to be diagnostic for acute anterior cruciate ligament injuries in the presence of a hemarthrosis or for follow-up. In this case, the patient was diagnosed to have left posttraumatic thoracic outlet syndrome associated with left common peroneal entrapment. ODG is silent regarding the use of ultrasonography for common peroneal nerve entrapment. Therefore, the request for 1 Ultrasound of Left Elbow, Piriformis and Common Peroneal is not medically necessary.

## **1 ULTRASOUND OF FIBULAR HEAD: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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) Knee Chapter, Ultrasound, Diagnostic.

**Decision rationale:** CA MTUS does not specifically address ultrasound of the knee. 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. ODG states that ultrasound has been shown to be diagnostic for acute anterior cruciate ligament injuries in the presence of a hemarthrosis or for follow-up. In this case, the patient was diagnosed to have left posttraumatic thoracic outlet syndrome associated with left common peroneal entrapment. ODG is silent regarding the use of ultrasonography for common peroneal

nerve entrapment. Therefore, the request for 1 Ultrasound Of Fibular Head is not medically necessary.

**AMBIEN 10 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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) Pain Chapter, Zolpidem.

**Decision rationale:** CA MTUS does not specifically address zolpidem. 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. ODG states that Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, the patient was being prescribed Ambien since November 2013 (6 months to date), which is beyond the recommended duration of use of this medication. Furthermore, the most recent medical note failed to indicate current sleep difficulties. There is no clear indication for continued use of Ambien. Therefore, the request for AMBIEN 10 MG is not medically necessary.