

Case Number:	CM14-0128304		
Date Assigned:	08/15/2014	Date of Injury:	04/15/2008
Decision Date:	11/17/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/12/2014

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 General Surgery and is licensed to practice in Texas. 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 injured worker is a 53 year old male with a reported date of injury April 15, 2008. The mechanism of injury is described as a fall, where the injured worker struck his right shoulder and left forearm on the corner of a wall and a platform before landing on the ground on his right side. The low back, right knee, and right ankle were injured. During the same month of injury the injured worker had MRI of injured body parts, MR arthrogram (right knee), X-ray, medication and three months of physical therapy. The injured worker returned to work on modified duty July of 2014. The MRI dated August 30, 2012 revealed perineural cyst along the S1 transiting nerve root bilaterally at L5-S1 level within the spinal canal. Grade 1 retrolisthesis was noted at L3 over L4. In March of 2014 the treating physician ordered EMG/NCV of bilateral lower extremities. The treating physician also made recommendation for a referral to a psychiatrist for treatment of depression/anxiety. Zolpidem 10 mg for insomnia was to be continued at this visit. On April 16, 2014 visit, the injured worker stated the Zolpidem was helping him sleep. At this visit, the injured worker rated his low back pain as 8-9/10. With Norco the pain is rated at 2-3/10. Lumbar spine physical exam revealed straight leg testing is equivocal on the left and negative on the right. Neurologic exam revealed hyperesthesia over lateral aspect of the left leg. The injured worker was placed on Temporary Total Disability for the next five weeks from the date of this April visit. The documentation from the May visit was similar to that of the April visit. On June 09, 2014 the lumbar spine exam revealed straight leg raise at 90 degrees in sitting position was negative bilaterally. At this visit, the injured worker was initiated on a Home Exercise Program as intervention for Chronic Pain, Other (338.29). Zolpidem was still being prescribed and a random UDS was performed which did not detect zolpidem on collection date of June 09, 2014. Prescription Lorazepam was detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303.

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

Decision rationale: ACOEM, CAMTUS does not address repeat MRI of the lumbar spine. It is noteworthy that the claimant has previously had a lumbar MRI on 8/30/12 which revealed evidence of a perineural cyst on the transiting S1 nerve with 3 mm disc protrusion at L5S1. There are no flexion extension views to support the diagnosis of segmental instability. The physical exam of 6/9/14 showing sensory loss in right L4-5 and straight leg raising is at 90 degrees bilaterally. This is improved from the exam of 12/12/13 where there was hypoesthesia in L4-S1 and straight leg raising was positive bilaterally at 30 degrees. Given the lack of substantive change in objective physical findings, a repeat lumbar MRI is not medically necessary.

Zolpidem 10mg #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 -Pain (Chronic)

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

Decision rationale: The injured worker has problems with insomnia, however there are no comprehensive insomnia sleep hygiene data with regards to onset, duration, or etiology. CAMTUS does not address zolpidem specifically. ODG recommends the use of pharmacologic agents for short duration and only after a careful history has determined whether the insomnia is primary or secondary. Furthermore, use of zolpidem should be for short periods as chronic use has been linked to increased Emergency Department visits. Finally the claimant has previously been prescribed zolpidem but on random Urine Drug Screen on 6/9/14 none was detected, implying noncompliance. Therefore the request for Zolpidem is not medically necessary.

L5-S1 interspinous block: 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, Prolotherapy

Decision rationale: This injured worker with chronic low back pain has evidence of a perineural cyst on the transiting S1 nerve with 3 mm disc protrusion at L5S1. There are no flexion extension views to support the diagnosis of segmental instability. Interspinous injection into the ligament is intended to allegedly strengthen the ligament with various "proliferative" agents. There is no medical literature to support this hypothesis. Therefore the Ligamentous Injections is not medically necessary.