

<b>Case Number:</b>	CM14-0027665		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/03/2006
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 a 55 year-old female with a date of injury 04/03/2006. The patient underwent a fluoroscopically guided diagnostic right sacroiliac joint injection on 06/20/2013 which the provider reports provided 80% improvement with increased range of motion for 30 minutes after the injection and lasted for nearly 2 hours. The medical record associated with the request for authorization, a comprehensive medical-legal evaluation report, dated 02/18/2013, lists subjective complaints as pain in the low back exacerbated by bending, twisting and lifting. Objective findings: Examination of the lumbar spine revealed restricted ranges of motion in all directions. There was tenderness to palpation of the bilateral sacroiliac joint, left worse than right. Lumbar discogenic provocative maneuvers were positive. Diagnosis: 1. Status post fluoroscopically-guided diagnostic sacroiliac joint injection 2. Bilateral L4-5 and L4-S1 radiculopathy with lower extremity weakness 3. Central focal lumbar disc protrusions, L3-4 and L4-5, with 3mm of posterior disc displacement 4. Central focal lumbar disc protrusions, L2-3, with 3mm of posterior disc displacement 5. Central lumbar annular bulge, L5-S with 1-2 mm of posterior disc bulge 6. Sacroiliac joint pain 7. Lumbar strain/sprain 8. Lumbar degenerative disc disease. The medical records provided for review show that the patient has been taking Ambien since at least 12/07/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHARMACY PURCHASE OF AMBIEN 10 MG # 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 Chapter, 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) Pain (Chronic), Zolpidem (Ambien®).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Therefore, Ambien is not medically necessary.

**RIGHT SACROILIAC RADIOFREQUENCY NERVE ABLATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** The requesting provider provided some literature in support of sacroiliac radiofrequency nerve ablation, but California Labor Code dictates that if the MTUS is silent on the subject in dispute, the Official Disability Guidelines are to be referenced next. The ODG does not recommend sacroiliac joint radiofrequency neurotomy and states that the use of all techniques has been questioned, in part, due to the fact that the intervention of the SI joint remains unclear and that there is still controversy over the correct technique for radiofrequency denervation. Therefore, Right Sacroiliac Radiofrequency Nerve Ablation is not medically necessary.