

Case Number:	CM14-0031806		
Date Assigned:	06/20/2014	Date of Injury:	04/19/2010
Decision Date:	08/15/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 04/19/2010 due to a fall. On 05/29/2014, the injured worker presented with low back pain. Prior therapy included an L4-5 discogram on 04/24/2014, medications and therapy. Upon examination, the injured worker stands slightly forward flexed at the waist with increased lordosis. There is tenderness to palpation around the bilateral L3-S1 paraspinals, and the lumbosacral status post range of motion was within functional limits with increased pain at the end range. Motor strength was 5/5 with sensation intact. The diagnoses were lumbar disc disease, right L5-S1 radicular pain, and increased radicular pain with functional discogram. The provider recommended an L5-S1 discogram and Ambien. The provider's rationale was not provided. The request for authorization for Ambien was dated 05/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an L5-S1 discogram is not medically necessary. The California MTUS/ACOM Guidelines state unequivocal adjunctive findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment or who would consider surgery as an option. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Recent studies of discography do not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion. Criteria for use of a discography include back pain of at least 3 months duration, failure of conservative treatment, satisfactory results from detailed psychosocial assessment, the injured worker is a candidate for surgery, and the injured worker has been briefed on potential risks and benefits from discography and surgery. There is lack of evidence of failure of conservative treatment. There is also no evidence of a satisfactory result from detailed psychosocial assessment. There was also lack of evidence that the injured worker has been briefed on potential risks and benefits from discography and surgery. As such, the request is not medically necessary.

Ambien 10mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 1/7/14): Zolpidem (Ambien (R)).

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

Decision rationale: The request for Ambien 10 mg with a quantity of 15 is not medically necessary. The Official Disability Guidelines state that Ambien is a prescription short acting nonbenzodiazepine hypnotic which is approved for a short term; usually 2 to 6 weeks of treatment would be recommended. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. The medical documentation does not indicate that the injured worker had any signs or symptoms of insomnia. Additionally, the severity of insomnia was not addressed. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.