MAXIMUS Federal Services

| Case Number: | CM14-0032915 | | |
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| Date Assigned: | 03/21/2014 | Date of Injury: | 01/23/2013 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 02/25/2014 |
| Priority: | Standard | Application Received: | 03/15/2014 |

## 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 Physical Medicine & Rehabilitation 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 32-year-old male with a date of injury of 01/23/2013. The listed diagnoses per [redacted] are: Left lumbar facet joint pain at L4 to L5, L5 to S1; Lumbar facet joint arthropathy; Lumbar disk protrusion; Lumbar stenosis; Lumbar facet joint pain; Lumbar sprain/strain; Left shoulder internal derangement; Cervical sprain/strain; Thoracic sprain/strain; Left shoulder sprain/strain; Central disk protrusion at L5 to S1 measuring 3.5 mm with severe bilateral L5 neuroforaminal stenosis; Labral tear; Left biceps tendon tear; Severe tendinitis of the biceps tendon. There is only 1 progress report provided in the medical file and it is after the utilization date of 02/25/2014. According to report dated 03/11/2014 by [redacted], the patient presents with neck, left shoulder, thoracic, left low back, left buttock, left posterior thigh, and left posterior calf pain. The treater states, "My request for the patient's lumbar medial branch block, Ambien, and Norco were denied. The patient has requested I write a medical-legal report appealing the denial." Examination of the lumbar spine revealed tenderness on palpation of the lumbar paraspinal muscles overlying the left L4 to S1 facet joints and left shoulder. There is tender left deltoid, painful decreased left range of motion in all directions. Bilateral lower extremity ranges of motion were restricted by pain in all directions. Lumbar ranges of motion were restricted by pain in all directions as well. Lumbar extension was worse than lumbar flexion. Lumbar discogenic provocative maneuvers including Gaenslen's and Yeoman's signs were positive on the left. Cervical ranges of motion were restricted by pain in all directions. Straight leg raise was negative bilaterally. Treater is appealing the denial of the requested fluoroscopically-guided diagnostic left L4 to L5 and L5 to S1 facet joint medial branch block to evaluate for the presence of lumbar facet joint pain. The treater is also appealing the denial of the requested Zolpidem 10 mg #30 and hydrocodone 10/325 mg #150.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUOROSCOPICALLY GUIDED DIAGNOSTIC LEFT L4-5 AND L5-S1 FACET JOINT MEDIAL BRANCH BLOCK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** This patient presents with neck, left shoulder, thoracic, low back, left buttock, left thigh, and calf pain. The treater is requesting a fluoroscopically-guided diagnostic left L4 to L5 and L5 to S1 facet joint medial branch block. The ACOEM Guidelines does not support facet injections for treatment, but does discuss dorsal medial branch blocks as well as radiofrequency ablations. ODG also supports facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms. In this case, this patient presents with chronic low back pain that goes down to the left buttock, thigh, and calf. In addition, the patient has a diagnosis of lumbar stenosis. ODG recommends facet evaluations for patients presenting with non-radicular symptoms. Consequently, the request is not medically necessary and appropriate.

**AMBIEN:** Upheld

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

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

**Decision rationale:** Medical records indicate this is the first prescription of Zolpidem for this patient. The MTUS and ACOEM Guidelines do not address Ambien. However, the ODG states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the treater is requesting #30 which exceeds what is recommended by the ODG. The ODG does not recommend long-term use of this medication. Consequently, the request is not medically necessary and appropriate.

**HYDROCODONE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,61.

**Decision rationale:** Page 78 of the MTUS Chronic Pain Guidelines requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. The treater states in his appeal letter that the patient receives 40% relief of pain with hydrocodone. It was noted he is able to maintain activities of daily living such as self-care and dressing. In this case, the treater does not provide any progress reports for review. The appeal letter does not provide a pain scale or "pain assessment" as required by the MTUS Chronic Pain Guidelines. Given the lack of sufficient documentation, the request is not medically necessary and appropriate.