

Case Number:	CM14-0042695		
Date Assigned:	06/30/2014	Date of Injury:	10/25/2002
Decision Date:	11/18/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/09/2014

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:

According to the records made available for review, this is a 58-year-old female with a 10/25/02 date of injury, and status post carpal tunnel release 10/22/12 and DeQuervain's release. At the time (3/28/14) of request for authorization for repeat cervical spine MRI, initial left shoulder MRI, and Zolpidem 10 mg #30, there is documentation of subjective (pain in the left hand, wrist, elbow and shoulder; pain that interferes with sleep; associated tingling in the left forearm and hand) and objective (left shoulder decreased range of motion, positive Hawkins and Neer, tenderness to palpation; cervical spine tenderness to palpation over paracervical muscles, positive compression test) findings, current diagnoses (status post carpal tunnel surgeries, status post DeQuervain's release, left shoulder impingement, cervical radiculopathy and insomnia secondary to pain), and treatment to date (medications (including ongoing use of Zolpidem since at least 10/13)). Regarding the requested repeat cervical spine MRI, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Regarding the requested initial left shoulder MRI, there is no documentation of plain radiographs findings. Regarding the requested Zolpidem 10 mg #30, there is no documentation of an intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Cervical Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 11th Edition (web), 2013, Neck and Upper Back Chapter, Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of status post carpal tunnel surgeries, status post DeQuervain's release, left shoulder impingement, cervical radiculopathy and insomnia secondary to pain. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated. Therefore, based on guidelines and a review of the evidence, the request for repeat cervical spine MRI is not medically necessary.

Request for initial left shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for

review, there is documentation of diagnoses of status post carpal tunnel surgeries, status post DeQuervain's release, left shoulder impingement, cervical radiculopathy and insomnia secondary to pain. In addition, there is documentation of suspect rotator cuff tear/impingement. However, there is no documentation of plain radiographs findings. Therefore, based on guidelines and a review of the evidence, the request for initial left shoulder MRI is not medically necessary.

Request for Zolpidem 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 (ODG) Treatment Index, 11th Edition (web), 2013, Pain Chapter,

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

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (Zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of status post carpal tunnel surgeries, status post DeQuervain's release, left shoulder impingement, cervical radiculopathy and insomnia secondary to pain. In addition, there is documentation of insomnia secondary to pain. However, given documentation of records reflecting prescriptions for Zolpidem since at least 10/13, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Zolpidem 10 mg #30 is not medically necessary.