

<b>Case Number:</b>	CM14-0099086		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/05/2006
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 40 year-old individual was reportedly injured on September 5, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 5 2014, indicates that there are ongoing complaints of neck pain. The physical examination demonstrated a 5'8", 138 pound individual with a decrease in cervical spine range of motion. A hypoesthesia of the radial digits of both hands is noted. Grip strength is reported 4/5. Diagnostic imaging studies objectified a normal cervical spine with the exception of C5-C6 which has a severe artifact present. There was a question of an artificial disc at this level (noted on progress notes to be present). Previous treatment includes cervical spine surgery, multiple medications, electrodiagnostic studies, and pain management interventions. A request had been made for electrodiagnostic studies and epidural steroid injections and was not medically necessary in the pre-authorization process on December 3, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Facet Blocks qty: 1.00:** Upheld

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

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

**Decision rationale:** As noted in the Official Disability Guidelines (MTUS and ACOEM do not address) Facet Joint Therapeutic Steroid Injections are not recommended. There are no reported high level studies supporting such a procedure. Furthermore, there can be no evidence of radicular pain, spinal stenosis, or previous fusion. In this case there has been an artificial disc inserted. Also noted are changes consistent with a radiculopathy. Therefore, based on the criterion noted clinical indication for this procedure has not been supported. As such, this request is not medically necessary.

**Bilateral Epidural Steroid Injections qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** As outlined in the MTUS, such an intervention is recommended as an option when there is objectified radicular pain that is cooperated by the physical examination and electrodiagnostic assessment. There are sensory changes noted on physical examination however there is no electrodiagnostic verification of a radiculopathy presented for review. Therefore, the criteria noted in the MTUS have not been met and the medical necessity cannot be established.

**Ambien 10mg qty: 30.00:** Upheld

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

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

**Decision rationale:** Zolpidem is a prescription short-acting Non-Benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. Therefore, when noting the date of injury, the injury sustained and the parameters noted in the MTUS there is no clear clinical indication presented for the medical necessity of this medication.