MAXIMUS Federal Services

Case Number:	CM14-0141679		
Date Assigned:	03/26/2015	Date of Injury:	04/01/2000
Decision Date:	04/27/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

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 (IW) is a 62 year old female who sustained an industrial injury on 04/01/2000. She reported a repetitive motion injury to bilateral shoulders and onset of lower back pain. The injured worker was diagnosed as having sacroiliac joint dysfunction, lumbar radiculopathy, and lumbar post laminectomy syndrome. Treatment to date has included multiple lumbar surgeries and fusions six surgeries on L2-S1, and a radiofrequency ablation of left S1-S4 on 02/24/2011. Currently, the injured worker complains of a recurrence of lower back pain and difficulty sleeping. The treatment plan is for a repeat of the sacroiliac radiofrequency ablation, and administration of Ambien CR for sleep, amitriptyline for her neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg #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), 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) pain chapter.

Decision rationale: Ambien (zolipidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for short-term use (2-6 weeks) treatment of insomnia. Sleep medication is not recommended for long-term use. Ambien may become habit forming and may impair function and memory. It may also increase pain and depression with long-term use. There is no documentation in the medical records of insomnia or trials of other treatments for insomnia. Ambien is not recommended for long-term use; therefore the request for Ambien CR 12.5mg #30 is not medically necessary.

Bilateral Sacroiliac Joint Radiofrequency Ablation with Fluoroscopy and IV sedation: 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), Hip and Pelvis Chapter.

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

Decision rationale: This is a patient with chronic low back pain and worsening right hip pain. She underwent a radiofrequency ablation (RFA) procedure of the left SI area in 2011. The MTUS does not specifically address SI joint RFA. The ODG states that SI joint injection is indicated when the history and physical suggest a diagnosis of sacroiliitis with documentation of at least three positive exam findings, diagnostic evaluation considering other possible pain generators and the patient has tried and failed at least four weeks of aggressive conservative treatment, including physical therapy, home exercise and medications. There is no evidence in the medical records of a home exercise program, documentation of functional improvement or lack thereof. There is no consideration for non-addictive medications found in the records. The MTUS does not specifically address SI joint RFA. The ODG says this procedure (RFA) is not recommended. There are numerous proposed techniques for SI joint denervation and evidence is limited for all the various procedures. Furthermore, the innervation of the SI joint remains unclear, which creates controversy over the benefit of SI joint RFA. The request for Bilateral Sacroiliac Joint Radiofrequency Ablation with Fluoroscopy and IV sedation is not medically necessary.