

Case Number:	CM15-0132906		
Date Assigned:	07/21/2015	Date of Injury:	10/29/2013
Decision Date:	09/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/09/2015

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: Colorado

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 is a 55 year old male, who sustained an industrial injury on October 29, 2013. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having cervical spine strain-sprain, shoulder impingement, sprain shoulder, carpal tunnel syndrome, thoracic spine strain-sprain, lumbar disc degeneration, and lumbar strain-sprain. Diagnostic studies to date have included MRI Lumbar spine February 18, 2015 which revealed multiple anomalies, primary of which included a grade 1 degenerative anterolisthesis of L5 on S1, diffuse left eccentric disc protrusion deforming the ventral thecal sac and encroaching on nerve roots at L2-L3, L4-L5, and L5-S1. Treatment to date has included opioid analgesic, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On June 8, 2015, the injured worker complained of neck pain radiating to both hands. He complained of low back pain radiating to both legs, greater on the right than the left. He has right foot numbness and daily night waking. The physical exam revealed tenderness of the bilateral trapezius muscles and the cervical 5 and cervical 6 spinous processes, and mildly decreased range of motion of the cervical spine. There was tenderness of the left acromioclavicular joint, bilateral greater tuberosity, left anterior glenoid, and decreased range of motion of the bilateral shoulders. There was hypoesthesia of the right cervical 6 and cervical 7. There was tenderness of the bilateral multifidus, right longissimus, and the sL4, lumbar 5, and sacral1 spinous processes. There was mildly decreased lumbar range of motion, and an antalgic gait. The thoracic spine range of motion was mildly decreased. There was decreased right ankle dorsiflexion, decreased extensor hallucis longus muscle strength, and

decreased sensation of lumbar 3-sacral 1. The requested treatments include: 6 sessions of localized intense neurostimulation therapy (LINT) for the lumbar spine and Ambien 5mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lint therapy once a week for 6 weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Imaging-guided hyperstimulation analgesia in low back pain M Gorenberg, K Schwartz - Journal of pain research, 2013.

Decision rationale: The MTUS Guidelines, ACOEM, and ODG do not address Localized Intense Neurostimulation Therapy (LINT) that is a new therapy, so a search of relevant research was conducted. As above, LINT is a new therapy, so there is little data in the literature addressing the therapy. LINT is an electrical stimulation therapy intended to stimulate nerve endings and produce natural endorphins to alleviate pain. No randomized controlled studies of appropriate size with quality results are available to establish LINT as evidence based therapy to be recommended. Given that LINT has insufficient research in the literature to support its use and given its experimental nature, it cannot be recommended as an evidence-based therapy. LINT is therefore not medically indicated.

Ambien 5mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Ambien and Other Medical Treatment Guidelines www.fda.gov.

Decision rationale: MTUS Guidelines and ACEOM do not address Ambien, so alternate references were consulted. Per the FDA, Ambien is indicated for short term treatment of insomnia. Ambien has been shown in quality controlled studies to decrease time to sleep for up to 35 days. Per the FDA dosage guidelines, lowest effective dose is recommended, 5mg for women and geriatric patients or patients with liver impairment, and 5mg-10mg for men. Patient should be re-evaluated and Ambien reconsidered if sleep is not improved after 7-10 days. Likewise, the ODG recommends Ambien only for short-term use, 2-6 weeks. Long-term use of Ambien is not supported because of risks of tolerance and dependence as well as risks of worsening depressive symptoms. Per the ODG, good sleep hygiene and cognitive behavioral therapy (CBT) are also considered important recommendations to be used in conjunction with Ambien. The records for the patient of concern are not clear as to exactly how often or how long patient has used the Ambien, and the records do not specify how long patient intends to continue

Ambien. There is no documentation that sleep hygiene has been discussed or trialed as therapy, and no documentation of cognitive behavioral therapy as an option. Given that long term use is not an FDA-approved indication or ODG recommended use for Ambien, and given that adjunctive CBT and/or sleep hygiene counseling have not been tried, the Ambien request is not medically necessary.