MAXIMUS Federal Services

Case Number:	CM15-0167463		
Date Assigned:	09/08/2015	Date of Injury:	10/20/2009
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old male with an October 20, 2009 date of injury. A progress note dated August 10, 2015 documents subjective complaints (exacerbation of lumbar spine pain following left foot injury on January 16, 2015), objective findings (spasm, tenderness, and guarding of the lumbar spine in the paravertebral musculature; decreased sensation bilaterally in the L5 and S1 dermatomes; diminished patellar and Achilles reflexes bilaterally; difficulty with toe and heel walking), and current diagnoses (spondylolisthesis; lumbosacral radiculopathy; ankle tendonitis-bursitis; foot sprain and strain). Treatments to date have included imaging studies, medications, cortisone injections, physical therapy, and work restrictions. The medical record indicates that the injured worker was experiencing sleep difficulties, and that lumbar spine surgery was previously authorized but did not take place. The treating physician documented a plan of care that included Ambien 5mg, #180 and lumbar spine fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #180: 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 ODG: Section: Pain, Topic: Zolpidem.

Decision rationale: Zolpidem is a short acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. ODG guidelines do not recommend Ambien for long-term use. In the long-term, it may impair function and memory and there is also concern that it may increase pain and depression. Utilization review has recommended weaning which is appropriate. As such, the request for Ambien 5mg #180 is not supported and the medical necessity of the request has not been substantiated.

Surgical fusion at L4-L5 and L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Fusion.

Decision rationale: California MTUS guidelines indicate patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. In this case, flexion/extension films demonstrating instability have not been provided. ODG guidelines defined instability as relative angular motion greater than 15 from L1-2 through L3-4, 20 at L4-5 and 25 at L5-S1 or intersegmental translational movement of more than 4.5 mm in the lumbar area. The documentation provided does not indicate presence of such instability. As such, the request for a lumbosacral fusion at L4-5 and L5-S1 is not supported and the medical necessity of the request has not been substantiated.