

Case Number:	CM15-0183080		
Date Assigned:	09/23/2015	Date of Injury:	07/09/2009
Decision Date:	10/30/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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: Arizona, California

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 41-year-old female, who sustained an industrial-work injury on 7-9-09. She reported initial complaints of neck and right shoulder pain. The injured worker was diagnosed as having cervical radiculopathy, shoulder impingement syndrome, right; pain in joint- shoulder region; cervical spondylosis without myelopathy, displacement cervical disc without myelopathy. Treatment to date has included medication, diagnostics, physical therapy, surgery (shoulder arthroscopy on 12-22-09, surgery 2010), injections, and nerve blocks. X-rays were reported on 5-26-15 of the shoulder that notes acromioclavicular joint osteoarthritis, chondrocalcinosis of the superior glenoid labrum. X-ray of the thorax notes mild thoracolumbar scoliosis, mild degenerative disc disease. Currently, the injured worker complains of chronic severe neck, right shoulder, and mid back pain. Epidural injections had given relief (greater than 60-70%). Pain score is 10 out of 10 without medication and 6 out of 10 with medication. Meds include Flector 1.3% patch, Oxycodone HCL 15 mg, Ambien, Valium, Zofran, Medrol, Pepcid, and Prednisone. Per the primary physician's progress report (PR-2) on 7-31-15, exam notes decreased DTR (deep tendon reflexes) in the upper extremities but equal, biceps reflex 1+ on right and 2+ on left. Cervical exam noted decreased range of motion, positive Spurling's and Hoffman's bilaterally, tenderness with palpation. The thoracic exam notes normal findings. Gait is normal. The upper extremities had decreased strength. The Request for Authorization requested service to include Left sided RFA in the cervical spine, MRI of the right shoulder, and Ambien 10 mg 1 PO QHS PRN insomnia. The Utilization Review on 9-2-15 denied the request for left sided RFA in the cervical spine since there was no indication for the procedure for the cervical spine; MRI (magnetic resonance imaging) of the right shoulder since there

are no red flags for need for the study; and Ambien 10 mg for lack of sleep hygiene and long term use, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, ACOEM (American College of Occupational and Environmental Medicine) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided RFA in the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter, Neck and upper back chapter.

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 and pg 26-27.

Decision rationale: In this case, the claimant did have cervical radicular symptoms and a prior ESI. The cervical facet ablation is under study. It is followed by a medical branch block to determine benefit. A MBB is only to be performed in those without radiculopathy. The level of the RFA was not specified. The request for the cervical RFA is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There were impingement findings clinically and arthrosis on x-ray. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.

Ambien 10 mg 1 PO QHS PRN insomnia: 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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.