

Case Number:	CM15-0204087		
Date Assigned:	10/20/2015	Date of Injury:	07/17/2014
Decision Date:	12/02/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/16/2015

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: California, Oregon, Washington
 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:

The injured worker is a 45 year old female with an industrial injury date of 07-17-2014. Medical record review indicates she is being treated for lumbar sprain-strain and lumbar facet syndrome with right-sided sacral 1 radiculopathy. Subjective complaints (09-02-2015) included cervical and lumbar spine pain with radiation to bilateral lower extremities. Work status is temporary total disability (09-02-2015). Her medications included Ambien (at least since 08-13-2015), Tramadol, stool softeners, Prilosec, Ibuprofen and Flexeril (documented in 08-13-2015 note). Prior failed medications for sleep or sleep hygiene discussion are not indicated in the medical records. Prior treatment included epidural injections, physical therapy, chiropractic treatments and medications. Objective findings (09-02-2015) included normal neurological examination of the upper extremities. The treating physician documents prior x-rays of the lumbar spine as showing "what appears to be a hemi-sacralization of the left side of lumbar 5." MRI (09-25-2014) documented in the 04-27-2015 note is as follows: "At lumbar 3-lumbar 5 there are 3 mm circumferential disc bulges along with ligamentum flavum redundancy which causes mild-moderate narrowing of the bilateral lateral recesses. The spinal canal and bilateral neural foramen are patent at all levels." On 10-12-2015 the request for facet blocks at lumbar 4-lumbar 5 and lumbar 5-sacral 1 and Zolpidem Tartrate 10 mg # 30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Facet Block at L4-L5 and L5-S1: 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) LOw Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back / Facet joint medial branch block (therapeutic injections).

Decision rationale: CA MTUS/ACOEM guidelines Chapter 12 Low Back complaints (physical methods), page 300 states that "lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks." The use of diagnostic facet blocks require that the clinical presentation to be consistent with facet- mediated pain. Treatment is also limited to patients with low back pain that is non-radicular in nature. In this case the exam note from 9/2/15 demonstrates radicular complaints. Therefore the determination is for non- certification. Per ODG Low Back / Facet joint medial branch block (therapeutic injections) medial branch blocks are "not recommended except as a diagnostic tool. Minimal evidence for treatment." As this procedure is not recommended per ODG guidelines, the recommendation is not medically necessary.

Zolpidem Tartrate 10mg, #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) Chronic Pain, Zolpidem (Ambien).

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine 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. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. There is no evidence in the records from 9/2/15 of insomnia to warrant Ambien. Therefore the determination is not medically necessary.