

Case Number:	CM15-0216701		
Date Assigned:	11/06/2015	Date of Injury:	07/19/2011
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/03/2015

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: 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 is a 64 year old male, who sustained an industrial injury on 7-19-11. Medical records indicate that the injured worker is undergoing treatment for a cervical spine sprain-strain, right upper cervical facet joint pain, cervical facet joint arthropathy Cervical two through Cervical seven, right carpal tunnel syndrome, right shoulder derangement and chondromalacia and developing osteoarthritis in the glenohumeral joint. The injured worker is currently temporarily totally disabled. On (10-13-15) the injured worker complained of right neck pain, upper worse than lower. Cervical range of motion made the pain worse. Objective findings revealed tenderness to palpation over the right cervical paraspinal muscles overlying Cervical two to Cervical seven facet joints. Range of motion was restricted in all directions. Cervical extension was worse than cervical flexion. Cervical facet joint provocative maneuvers were positive. There were no complaints regarding sleep or insomnia. There is lack of documentation of total sleep hours, when sleep is initiated or other sleep hygiene issues. Treatment and evaluation to date has included medications, urine drug screen, cervical radiofrequency ablations (3-26-15), cervical medial branch blocks, left carpal tunnel release surgery and right shoulder surgery. Treatments tried and failed include non-steroidal anti-inflammatory drugs and physical therapy. A previous fluoroscopically-guided right Cervical two-Cervical three and right Cervical three-Cervical four facet joint radiofrequency ablation provided 50% improvement for 6 months. Current medications include Norco, Ultram ER, medical marijuana and Ambien. The Request for Authorization dated 10-13-15 included requests for Ambien 10mg #30 and a cervical spine facet joint injection at Cervical three-Cervical four. The Utilization Review documentation dated 10-

28-15 non-certified the request for a cervical spine facet joint injection at Cervical three-Cervical four and modified Ambien 10mg to #15 (original request #30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Facet Joint Injection At C3-C4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The ACOEM chapter on low back complaints states: Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. Per the ODG, facet joint injections are under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are currently not recommended as a treatment modality in most evidence based reviews as their benefit remains controversial. The requested service is not recommended per the ACOEM or the Official Disability Guidelines. There is not a documentation of failure of all first line and recommended therapies for the patient's neck pain. For these reasons the request does not meet criteria guidelines and therefore is not medically necessary.

Ambien 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).

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

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to

treat insomnia however there is less evidence to support their use for insomnia, but they may be an option inpatients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not medically necessary.