

Case Number:	CM15-0217227		
Date Assigned:	11/09/2015	Date of Injury:	12/01/2008
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/04/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 63 year old male with an industrial injury dated 12-01-2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar radiculopathy and left sacroiliac (SI) joint dysfunction. According to the progress note dated 10-12-2015, the injured worker reported ongoing low back pain with increasing left sided axial low back pain over the past two months. The injured worker's pain episodes are occasionally accompanied by difficulty with sleep managed with Ambien. Current Medications include Percocet and Ambien (since at least May of 2015). The injured worker has been able to continue to work full duty. Pain level was 6 out of 10 on a visual analog scale (VAS). Objective findings (10-12-2015) revealed slight tenderness to palpitation of the low lumbar paraspinals and left sacroiliac (SI) joint. Positive Fortin's fingers test and positive Patrick's maneuver on the left were also noted on exam. Treatment has included prescribed medications, physical therapy, course of epidural steroid injection, and periodic follow up visits. The utilization review dated 10-29-2015, non-certified the request for Ambien 10mg #30 and Left SI joint injection #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left SI joint injection #1: 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), Hip & Pelvis (Acute & Chronic); Sacroiliac injections therapeutic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Sacroiliac joint injections (SJI).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, SI joint injections are not recommended for non-inflammatory sacroiliac pathology. Patient does not have any SI inflammatory pathology. 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), Pain, Zolpidem.

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

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long term use may lead to dependency. Patient has been on Ambien chronically. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. Patient has been on this medication for at least 1 month with nothing documented concerning sleep issues. The chronic use of Ambien is not medically appropriate and is not medically necessary.