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| Case Number: | CM15-0223864 | | |
| Date Assigned: | 11/20/2015 | Date of Injury: | 05/12/2014 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 11/05/2015 |
| Priority: | Standard | Application Received: | 11/13/2015 |

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 54 year old female, who sustained an industrial injury on 5-12-14. The documentation on 10-13-15 noted that the injured worker has complaints of constant severe to 8 out of 10 dull headache radiating to cervical spine, aggravated by repetitive movement with relief from medications and rest. Cervical spine range of motion is decreased and painful. The diagnoses have included cervicocranial syndrome; spondylosis, cervical region and other intervertebral disc displacement, lumbar region. Treatment to date has included naproxen for pain; Pantoprazole; Cyclobenzaprine used as an analgesic and muscle relaxant and Amitriptyline. The original utilization review (11-5-15) non-certified the request for Ambien 5mg 1 tab by mouth every bedtime #60; cervical spine magnetic resonance imaging (MRI) and left shoulder magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg 1 tab po qhs #60: 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) Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 5mg 1 tab po qhs #60 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Insomnia Medications note "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia". The injured worker has dull headache radiating to cervical spine, aggravated by repetitive movement with relief from medications and rest. Cervical spine range of motion is decreased and painful. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 5mg 1 tab po qhs #60 is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI cervical spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has dull headache radiating to cervical spine, aggravated by repetitive movement with relief from medications and rest. Cervical spine range of motion is decreased and painful. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI cervical spine is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The requested MRI of the left shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligamental

instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has dull headache radiating to cervical spine, aggravated by repetitive movement with relief from medications and rest. Cervical spine range of motion is decreased and painful. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI of the left shoulder is not medically necessary.