

Case Number:	CM15-0057758		
Date Assigned:	04/02/2015	Date of Injury:	07/28/2003
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/26/2015

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: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on 07/28/2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having musculoligamentous strain of the lumbar spine, spondylolisthesis at lumbar five to sacral one with a disc bulge at lumbar four to five, musculoligamentous sprain/strain at the cervical spine and disc bulge at cervical six to seven and thoracic two to three. Treatment to date has included medication regimen, electromyogram with nerve conduction study of the upper extremities, and physical therapy evaluation. In a progress note dated 03/03/2015 the treating physician reports complaints of neck and lower back pain that is rated a seven out of ten on the pain scale but decreases to a five out of ten with medication. The treating physician also noted tenderness on palpation to the cervical and lumbar paraspinal muscles, a positive straight leg raise, a decreased sensation over the sacral one dermatome, and a decreased sensation to the right cervical six dermatome. The treating physician requested an electromyogram with nerve conduction study for the lower extremities noting that the original request was for both the upper and the lower extremities with the upper extremity testing completed. The treating physician also noted that recommendations for treatment would be made upon completion of electromyogram with nerve conduction study for the neck and lower back. The treating physician also requested the medication of Ambien 10mg one tablet by mouth at bedtime with a quantity of 30, but the documentation provided did not indicate the specific reason for this requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter regarding Zolpidem/Ambien.

Decision rationale: This patient has a date of injury of 07/28/03 and presents with chronic neck and low back pain. The current request is for Ambien 10MG #30. The ACOEM and MTUS Guidelines do not address Ambien; however, the ODG Guidelines under the mental illness and stress chapter regarding Zolpidem/Ambien states: Zolpidem, Ambien generic available Ambien CR, is indicated for short-term treatment of insomnia with difficulty of onset (7-10 days). In this case, review of the medical file indicates the patient has been utilizing Ambien as early as 08/12/14 and ODG only support short-term use of this medication. The requested Ambien Is Not medically necessary.

EMG/NCS Lower Extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low Back chapter: Nerve conduction studies (NCS) & EMG studies.

Decision rationale: This patient has a date of injury of 07/28/03 and presents with chronic neck and low back pain. The current request is for EMG/NCS Lower Extremities. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) ODG states, Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electro diagnostic studies (EDS) states: NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back. Physician examination of the lumbar spine revealed loss of lordosis and tenderness to palpation over the par spinal muscles. Straight leg raise test is positive and there is decreased sensation over the S1 dermatome. The treating physicians state that the patient has not had an EMG/NCS for the lower extremities. In this case, the patient continues to complain of pain and has a positive SLR and

decreased sensation and the physician would like further diagnostic testing to obtain unequivocal evidence of radiculopathy. The requested EMG/NCV is in accordance with ACOEM/ODG and Is medically necessary.