

<b>Case Number:</b>	CM15-0075587		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	05/14/2009
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Arizona, California

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 62 year old female, who sustained an industrial injury on May 14, 2009. Treatment to date has included diagnostic imaging, physical therapy, home exercise program, acupuncture, pain management consultation, lumbar spine fusion, cervical spine epidural steroid injection, and medication. An evaluation on April 3, 2015 revealed the injured worker complained of cervical and lumbar spine pain. She notes that her pain has remained unchanged since her last visit and that her medications are only helping a little. On physical examination the injured worker has an antalgic gait on the right and has a decrease in normal lordosis. She has moderate tenderness to palpation and spasm over the cervical paraspinal muscles extending to the bilateral trapezius muscles. She has C4-C7 facet tenderness. Her cervical range of motion is limited in flexion and extension and she has decreased sensation along the bilateral C5, C6 and C7 dermatomes. Her lumbar spine has tenderness to palpation and guarding at the previous surgical site. She has moderate facet tenderness to palpation at L3-S1. She exhibited positive bilateral sacroiliac tenderness, Fabere's/Patrick's test, Sacroiliac thrust test and Yeoman's Test. She had positive bilateral straight leg raise tests and bilateral positive Kemp's tests. The injured worker had decreased no indication of cardiac injury on electrocardiogram and no elevation in the beneficiary's initial troponin level. Of the lumbar spine and decreased sensation along the L3-L5 dermatomes bilaterally. The diagnoses associated with the request include cervical disc disease, cervical radiculopathy, cervical facet syndrome, bilateral carpal tunnel syndrome, status post lumbar fusion, lumbar disc disease, lumbar radiculopathy, bilateral sacroiliac joint arthropathy. The treatment plan includes C5-C6 and C6-C7 transfacet epidural injection,

hardware block injection to the pedicle screws, orthopedic spine surgical consultation, Tylenol #3, urine drug screen, home exercise program and follow-up evaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Second (2nd) diagnostic bilateral c5-c6 & c6-c7 transfacet epidural steroid injection:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines epidural injection Page(s): 23.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant's subsequent findings were more consistent with carpal tunnel rather than central etiology. In addition, the claimant had a prior ESI without quantified benefit. The request for cervical epidural steroid injections is not medically necessary.

#### **30 Ambien 10mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - insomnia and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the Official Disability Guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Therefore, this request is not medically necessary.

**1 Urine Screen:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Toxicology Page(s): 82-92.

**Decision rationale:** According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. In this case, there was mention of prior inconsistent urine result findings and assessment concerning the claimant to be high risk for abuse. Based on the above references and clinical history, a urine toxicology screen is appropriate and medically necessary.