

Case Number:	CM15-0230996		
Date Assigned:	12/07/2015	Date of Injury:	12/23/2009
Decision Date:	01/15/2016	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/24/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 23, 2009. In a utilization review report dated October 30, 2015, the claims administrator failed to approve a request for a multilevel cervical trans-facet epidural steroid injection and Sonata. The claims administrator referenced an October 8, 2015 office visit in its determination. The claims administrator contended that the applicant did not have radiographic evidence of radiculopathy at the level(s) in question. The claims administrator did not seemingly state whether the applicant had or had not had a prior block. On said October 8, 2015 office visit, the applicant was placed off of work, on total temporary disability owing to ongoing issues with chronic neck pain radiating to the bilateral upper extremities. The applicant was pending a cervical epidural steroid injection, the attending provider reported. The treating provider stated the applicant had received a prior lumbar epidural steroid injection. The applicant was placed off of work, on total temporary disability, the treating provider reported toward the bottom of the note. The applicant's medication list included tramadol, diclofenac, and Sonata, the treating provider reported, several weeks were renewed and/or continued, seemingly without any discussion of medication efficacy. A CPAP device was sought. On a pain management note dated August 4, 2015, the said pain management physician noted the claimant had ongoing issues with neck pain radiating to the bilateral upper extremities, 6/10. The treating provider stated that the applicant had derived only fleeting analgesia from an earlier cervical epidural steroid injection. 4-5/5 right upper extremity motor strength was noted versus 5/5 strength about the left upper extremity with hyposensorium

appreciated about the C4-C5 dermatomes bilaterally. The applicant was asked to pursue a cervical epidural steroid injection. The treating provider referenced cervical MRI imaging of November 6, 2014, notable for a 2-mm broad-based disc protrusion at C3-C4 and a 3-mm disc protrusion at C4-C5 with thecal sac flattening. The treating provider also endorsed a lumbar support. The remainder of the file was surveyed. There was no mention of the applicant having a prior cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C4, C4-C5 transfacet epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Yes, the request for a C3-C4, C4-C5 cervical epidural steroid injection was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support the two diagnostic blocks. Here, the treating provider framed the request as a first-time request for cervical epidural steroid injection therapy on August 4, 2015. The treating provider contended that the applicant did have some [incomplete] radiographic corroboration of radiculopathy at the level(s) in question, with an annular tear and a 3-mm disc protrusion noted at C4-C5 generating thecal sac flattening with neural foraminal narrowing and nerve root abutment noted at the adjacent C3-C4 levels. Moving forward with the first-time request for a cervical epidural steroid injection was, thus, indicated, given the seeming failure of less invasive treatments to include time, medications, several months off of work, etc. Therefore, the request is medically necessary.

Sonata 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), Mental Illness & Stress: Sedative hypnotics (2015).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, Zaleplon (Sonata®).

Decision rationale: Conversely, the request for Sonata, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for

the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the October 8, 2015 office visit at issue made no mention on whether or not ongoing usage of Sonata (zaleplon) had or had not proven effective in attenuating issues with insomnia. Continued usage of Sonata, moreover, represented treatment in excess of ODG's Mental Illness and Stress Chapter, Insomnia Treatment Topic, which notes that Sonata is recommended for short-term use purposes (as opposed to the long-term role for which it was seemingly prescribed here). Therefore, the request is not medically necessary.