

Case Number:	CM15-0003063		
Date Assigned:	01/14/2015	Date of Injury:	08/21/2009
Decision Date:	07/14/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/07/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 35 year old male sustained an industrial injury to the lumbar spine and shoulder on 8/21/09. Previous treatment included magnetic resonance imaging, lumbar fusion at L4-5, physical therapy, epidural steroid injections, injections and medications. The injured worker underwent lumbar laminectomy and fusion at L5-S1 on 9/30/14. X-rays of the lumbar spine (10/1/14) showed postoperative stabilization rods in place at L5-S1 with near anatomic alignment of L5 and S1 vertebral bodies and some degenerative disc disease with moderate disc space narrowing at previously fused L4-5. On 10/31/14, the injured worker underwent computed tomography lumbar spine due to persistent right lower extremity pain since surgery. Computed tomography lumbar spine showed a transitional lumbosacral junction vertebra with five noncertified rib-bearing lumbar vertebral above that could be labeled L6 or S1 as well as a variation in the numbering used between the examinations. The exam also showed retrolisthesis at L5-S1 with a central disc protrusion versus residual granulation tissue following a discectomy. The radiologist recommended magnetic resonance imaging with contrast to distinguish whether there was a residual abnormal disc. Per documentation on 12/17/14, the patient had continued insomnia, persistent back and bilateral leg pain. There was no physical exam performed and the plan was repeat MRIs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- MRIs (magnetic resonance imaging).

Decision rationale: MRI (magnetic resonance imaging) of the lumbar spine with contrast is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses on a physical examination. The request for MRI of the lumbar spine is not medically necessary.

MRI (magnetic resonance imaging) of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back- MRIs (magnetic resonance imaging).

Decision rationale: MRI (magnetic resonance imaging) of the lumbar spine without contrast is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses on a physical examination. The request for MRI of the lumbar spine is not medically necessary.

Ambien 5mg, QTY: 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, Insomnia treatment.

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) - Zolpidem (Ambien).

Decision rationale: Ambien 5mg QTY:30 is not medically necessary per the ODG guidelines. The MTUS Guidelines do not address insomnia or Ambien. The ODG states that Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The ODG states that proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The documentation does not reveal extenuating circumstances that would necessitate this medication longer than the recommended 7-10 day period. The ODG does not recommend this medication long term. The request for Ambien 5mg, QTY 30 is not medically necessary.