

Case Number:	CM15-0121382		
Date Assigned:	07/02/2015	Date of Injury:	09/24/2012
Decision Date:	08/04/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/23/2015

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, Pain Management

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 with an industrial injury dated 09/24/2012. Her diagnoses included left lumbar facet joint pain lumbar 4-5 and lumbar 5-sacral 1, lumbar facet joint arthropathy, cervical facet joint arthropathy, thoracic sprain/strain and lumbar 3-4 mild disc bulge and lumbar 4-5 disc bulge. Prior treatments included facet joint medial branch block, facet joint radio frequency nerve ablation and medications. She presents on 01/14/2015 with complaints of bilateral neck pain radiating to left shoulder, left thoracic back pain and left low back pain. The pain is rated as 9/10 without medications. Physical exam noted abnormal tenderness upon palpation of the thoracic and cervical paraspinal muscles overlying the cervical 5-7 and cervical 7- thoracic 1 facet joints. There was also abnormal tenderness upon palpation of the lumbar paraspinal muscles overlying the left lumbar 4-5 and left lumbar 5- sacral 1 facet joints. Bilateral lower extremity range of motion was restricted by pain in all directions. Lumbar and cervical range of motion was restricted by pain in all directions. Treatment plan is for fluoroscopically guided diagnostic left lumbar 4-5 and lumbar 5- sacral 1 facet joint medial branch block, medications and follow up. Work status was full time light duty with no lifting greater than 15 pounds. The provider documents urine drug screen is consistent with no aberrant behaviors. The provider documents 60% improvement of her activities of daily living with medications. The requested treatment for Morphine Sulfate IR 30 mg # 120 was authorized. The requested treatment for review is Ambien 10 mg # 30 and fluoroscopically guided left lumbar 4-lumbar 5 and bilateral lumbar 5-sacral 1 facet joint radiofrequency nerve ablation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided left L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Joint Pain, Signs & Symptoms, Facet Joint Diagnostic Blocks (Injections), Facet Joint Radiofrequency Neurotomy.

Decision rationale: Regarding the request for radiofrequency ablation, Occupational Medicine Practice Guidelines state that there is limited evidence the radiofrequency neurotomy may be effective in relieving or reducing cervical facet joint pain among patients who had a positive response to facet injections. ODG recommends diagnostic injections prior to consideration of facet neurotomy. The criteria for the use of radiofrequency ablation includes one set of diagnostic medial branch blocks with a response of greater than or equal to 70%, limited to patients with cervical pain that is non-radicular, and documentation of failed conservative treatment including home exercise, PT, and NSAIDs. Guidelines also recommend against performing medial branch blocks or facet neurotomy at a previously fused level. Guidelines also recommend that medial branch blocks should be performed without IV sedation or opiates and that the patient should document pain relief using a visual analog scale. Radiofrequency ablation is recommended provided there is a diagnosis of facet joint pain with evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function. Within the documentation available for review, the provider noted significant relief after diagnostic medial branch blocks were performed on the left. However, the current request includes bilateral radiofrequency ablation, but the diagnostic blocks were apparently not performed on the right and, unfortunately, there is no provision to modify the request to allow for performance of the procedure on the left only. In the absence of clarity regarding these issues, the currently requested radiofrequency ablation is not medically necessary.

Ambien 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), Pain Chapter, 4/30/2015, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no indication that Ambien is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.