

Case Number:	CM15-0178333		
Date Assigned:	09/18/2015	Date of Injury:	10/08/2010
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina
 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 54 year old female, who sustained an industrial injury on October 8, 2010. She reported neck pain with right upper extremity pain and low back pain with bilateral lower extremity pain. The injured worker was diagnosed as having chronic musculoligamentous injury to the cervical spine, severe cervical spondylosis radiculopathy and failure of response to prolonged conservative measures including medications, physical therapy, acupuncture and multiple epidural injections. Treatment to date has included diagnostic studies, cervical epidural steroid injection (ESI) with temporary benefit, physical therapy which "helped a little bit", acupuncture, multiple ESI, home exercises, medications and work restrictions. Currently, the injured worker continues to report headaches and neck pain with radiating pain to the right hand and tingling and numbness of the right upper extremity. She also noted low back pain with bilateral lower extremity pain with frequent cramps. She noted the pain wakes her from sleep. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. It was noted she underwent lumbar epidural injection on April 8, 2015. It was noted she experienced a 50% decrease in pain with improved weakness, tingling and numbness of the lower extremities. Right sacroiliac injection was administered on May 27, 2015. Evaluation on July 28, 2015, revealed continued pain as noted. She rated her pain at 9.5 at worst and 2-3 at least on a 1-10n scale with 10 being the worst. Evaluation on August 3, 2015, revealed continued pain as noted. It was noted lower extremity electrodiagnostic studies revealed lumbar 5-sacral 1 radiculopathy. It was noted she had been treated with Norco and Duragesic for over three years with continued pain. The RFA included requests for Ambien 16mg #30, Injection to the right

sacroiliac joint under fluoroscopic guidance and Right L4-L5 and L5-S1 transforaminal lumbar epidural steroid injections under fluoroscopic guidance and was non-certified on the utilization review (UR) on August 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection to the right sacroiliac joint under fluoroscopic guidance: 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), Hip & Pelvis, Sacroiliac joint blocks; www.ncbi.nlm.nih.gov/pubmed/16883374.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SI joint injection.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG does not recommend SI joint injections unless there is failure of aggressive conservative care and clear indication on physical exam that the source of pain is the SI joint. This is not indicated in the provided physical exam in the medical records. Therefore the request is not medically necessary.

Right L4-L5 and L5-S1 transforaminal lumbar epidural steroid injections under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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. The provided clinical documentation for review does not show that previous ESI produced a 50% reduction in pain lasting 6-8 weeks with decrease in medication usage. Therefore the request is not medically necessary.

Ambien 16mg #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) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does not have the diagnosis of primary insomnia or depression. There is also no documentation of first line insomnia treatment options such as sleep hygiene measures. Therefore the request is not medically necessary.