

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/22/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

2/14/2005

7/31/2013

CM13-0005405

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Ambien 10mg, #30 with refills is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 lumbar right sided facet Injection at 3 levels is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 right hip Injection is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 prescription of Ambien 10mg, #30 with refills is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 lumbar right sided facet Injection at 3 levels is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 right hip Injection is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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.

Expert Reviewer Case Summary:

The patient is a 62-year-old male who reported an injury on 02/14/2005. The patient was seen by Dr. [REDACTED] on 04/01/2013. The patient reported completion of acupuncture therapy in the past, which decreased his pain and reduced his medication to a lower dose. Physical examination revealed normal findings of the thoracic and lumbar spine, full range of motion of all joint without tenderness or crepitus, normal motor strength, and intact sensation. Diagnoses at that time included lumbago, lumbar facet arthropathy, and sciatica. Treatment plan at that time included continuation of current medications, authorization request for acupuncture 12 sessions, and a followup with the patient's primary oncologist. A medical record review report was submitted by Dr. [REDACTED] on 04/22/2013. Upon review, it is noted that the patient received lumbar discography injections to the L3-4, L4-5, and L5-S2 levels under fluoroscopic guidance on 04/14/2006. It was noted on 09/28/2010, that the patient was diagnosed with discogenic low back pain with radicular pain, depression, and insomnia. On 10/18/2006, the patient received a psychiatric evaluation by Dr. [REDACTED], which indicated clinical depression. On 01/12/2009, the patient received a neurosurgical consultation with Dr. [REDACTED], from which he was diagnosed with a fracture of the left 4th and 5th ribs, left costosternal strain, minimal compression fracture at L5, nondisplaced fracture of the left pubic rami and right ischium, and lumbar strain with right lumbar radiculopathy. It was noted at that time, that the patient was being evaluated for a spinal cord stimulator. It was determined at that time by Dr. [REDACTED], that a large part of the patient's Workers' Compensation Case is his psychological issues. The patient's psychological issue is permanent and stationary since 2007. The patient has tried a spinal cord stimulator, which has failed. The patient was not interested in pursuing an intrathecal pain pump. Based on medical record review, the patient's future treatment

will most likely continue to include his medication regimen, some physical therapy, acupuncture, or other alternative treatments at this point. The patient is currently not a surgical candidate. Continued psychological care was not recommended. The patient was then seen by Dr. [REDACTED] on 05/06/2013 and 06/03/2013. The patient reported an increased in low back pain. Physical examination revealed normal curvature of the thoracic and lumbar spine, full range of motion of all joint without tenderness, crepitus, or contracture, and no obvious joint deformities or effusions. The patient demonstrated muscle weakness at L5-S1, as well as left L5-S1 diminished sensation to pinprick. Treatment plan include initiation of a fentanyl patch with increase to current medications, and a request for 3 lumbar epidural steroid injections each year. An acupuncture report was submitted by Dr. [REDACTED] on 06/25/2013. The patient presented for acupuncture treatments. Physical examination revealed multiple tense areas on the right side of the lower back. Treatment plan included a followup once a week. Additional progress reports were submitted by Dr. [REDACTED] on 07/01/2013 and 07/01/2013. Physical examination revealed no significant changes. Treatment plan included continuation of acupuncture and addition of Ambien for sleep. A Utilization Review Report was submitted on 07/15/2013 by Dr. [REDACTED]. Treatments requested included 1 prescription of Ambien 10 mg #30, 1 prescription of hydrocodone 5/325 mg #60, 1 lumbar right-sided facet injection at 3 levels, and 1 right hip injection. The request for Ambien 10 mg #30 with 3 refills was modified to include Ambien 10 mg #30 with 1 refill, as guidelines only recommend short-term use of 2 to 6 weeks. The request for hydrocodone 5/325 mg #60 was certified. Due to the clinical presentation and non-support of the evidence-based guidelines, the request for the lumbar right-sided facet injection at 3 levels was non-certified. The request for 1 right hip injection was also non-certified due to no conclusive evidence of moderate to severe osteoarthritis in the right hip to recommend injection therapy. An additional progress note was submitted on 07/18/2013 by [REDACTED]. The patient was seen for a followup visit with complaints of abdominal pain. Physical examination revealed no significant changes from the previous exam, and the patient was advised to go to the emergency room if he felt any worse.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 prescription of Ambien 10mg, #30 with refills:
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, (ODG), Pain, Chronic.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Chronic Pain Chapter, Online , which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines state that insomnia treatment is recommended abased on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Non-benzodiazepine sedative hypnotics are the first-line medications used for insomnia. This class of medications includes zolpidem, indicated for the short-term treatment of insomnia with difficulty of sleep onset. Zolpidem is approved for usually 2 to 6 weeks of treatment for insomnia. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. As per the clinical notes submitted, there is no documentation submitted that provides evidence of this employee's failure to respond to non-pharmacological or empirically-supported treatment. There is also no evidence provided of this employee's failure to respond to conservative over the counter medications or cognitive behavioral therapy treatment. The guidelines further state that for chronic insomnia, after a few weeks, the recommendation is to discontinue the medication and continue with cognitive behavioral therapy. **The request for 1 prescription of Ambien 10mg, 330 with refills is not medically necessary and appropriate.**

2) Regarding the request for 1 lumbar right sided facet Injection at 3 levels:
Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Therapeutic Blocks, which is not part of the MTUS and ACOEM/MTUS Guidelines 2nd Edition (2004) chapter 12, pg 300, 309 (Low Back Complaints).

The Expert Reviewer based his/her decision on the ACOEM (2004),2nd Edition, chapter 12, pg 301, Low Back Pain, which is part of the MTUS and the Official Disability Guidelines (ODG), Low Back Chapter, online Edition, which is not part of the MTUS.

Rationale for the Decision:

MTUS/ACOEM Guidelines state invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. The Official Disability Guidelines state that facet joint injections are recommended as no more than 1 set of diagnostic blocks prior to a facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at

the diagnosed levels. The Official Disability Guidelines further state that clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet injections are limited to patients with low back pain that is non-radicular and at no more than 2 levels bilaterally. There should also be a documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure for at least 4 to 6 weeks. No more than 2 facet joint levels are injected in 1 session. As per the clinical notes submitted, there is no evidence suggestive of an option for facet neurotomy. There is also no evidence upon physical examination or imaging studies that indicates this employee's pain is facet in origin. Additionally noted, there is no documentation providing evidence of this employee's failure at conservative treatment to include home exercise program, physical therapy, or NSAID medication management. Furthermore, the request for facet injections at 3 levels is in excess of guideline recommendations for no more than 2 levels at one session. **The request for 1 Lumbar right sided Facet Injection at 3 levels is not medically necessary and appropriate.**

3) Regarding the request for 1 right hip Injection:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, Hip & Pelvis (Acute and Chronic), which is not part of the MTUS and the ACOEM Guidelines, Hip and Pelvis (Acute and Chronic) which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Online Edition, which is not part of the MTUS.

Rationale for the Decision:

The Official Disability Guidelines state that intra-articular steroid hip injections are not recommended in early hip osteoarthritis. They are under study for moderately advanced or severe hip osteoarthritis, but if used, should be in conjunction with fluoroscopic guidance. They are also recommended as an option for short-term pain relief in hip trochanteric bursitis. As per the clinical notes submitted, there is no documentation providing evidence of osteoarthritis for this employee. Upon physical examination, the lower extremities were noted to have revealed full range of motion without tenderness, crepitus, contracture, or joint deformities with effusion. Also noted, the most recent hip x-ray available for review was noted to have been performed on 03/24/2005, and revealed a negative right hip series. A previous x-ray completed on 02/23/2005 was also noted to have indicated a normal pelvis and right hip series. **The request for 1 right hip injection is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.