

Case Number:	CM13-0009841		
Date Assigned:	09/25/2013	Date of Injury:	10/13/2006
Decision Date:	01/15/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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. The physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A prior physician review notes that this patient is a 50-year-old man who had been injured more than 7 years ago in 2006 and noted that the patient reported ongoing pain in the right arm and right shoulder with positive bilateral facet loading. No neurological findings were noted. The patient reported he was dropping things and wanted a nerve study. This physician review noted that without definitive or even equivocal neurological findings, the need for electrodiagnostic findings were not clear. Overall, the physician note concluded that diazepam, Norco, and a facet injection were not medically necessary as documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) outpatient cervical facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: The ACOEM Guidelines, Chapter 8 Neck, page 174, states that, "invasive techniques, e.g., injection of facet joints...have no proven benefit in treating acute neck and upper back symptoms." The medical records at this time do not provide a clear rationale as to why

facet injections would instead be indicated. This would particularly be the case since the medical records are not clear at this time regarding whether this patient has neuropathic versus non-neuropathic pain or axial or cervical radicular symptoms. Overall the medical records and guidelines do not support this request. The request for one (1) outpatient cervical facet injection is not medically necessary and appropriate.

Outpatient EMG/NCS of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM Guidelines, Chapter 8 Neck, page 178, states that "when the neurological exam is less clear, further physiological evidence of nerve dysfunction can be obtained before ordering an imaging study." The guidelines indicate that a neurological examination and differential diagnosis should be documented to support a rationale for electrodiagnostic testing. This detail is not available in the medical records at this time. The request for outpatient EMG/NCS of the cervical spine is not medically necessary and appropriate.

Pharmacy purchase of Diazepam 5mg number twenty (20) with five (5) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Benzodiazepines, page 24, indicate that benzodiazepines are, "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence...Chronic benzodiazepines are the treatment of choice in very few conditions." The medical records do not provide an alternate rationale for the use of this class of medications in a chronic setting. The request for pharmacy purchase of Diazepam 5mg number twenty (20) with five (5) refills is not medically necessary and appropriate.

Norco 10/325 number forty (40) with one (1) refill: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records do not clearly document these 4 domains of opioid management. The functional benefit and overall rationale to support indication for this treatment is not apparent in the medical records. The request for Norco 10/325 number forty (40) with one (1) refill is not medically necessary and appropriate.