

Case Number:	CM13-0028942		
Date Assigned:	01/10/2014	Date of Injury:	07/08/2011
Decision Date:	03/20/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/24/2013

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, has a subspecialty in Interventional Spine 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:

According to progress report dated 08/16/2013 by [REDACTED], the patient presents with pain in the lumbar spine which has worsened and radiates to the bilateral knees with weakness and numbness. She also has pain in the right shoulder, right knee, and coccyx region. Physical examination of the lumbar spine revealed a limited range of motion. There is tenderness to palpation noted over the paraspinal muscles bilaterally. There was hypertonicity noted in the right paraspinal region. Straight leg raise test was positive. Strength was 5/5 in the L4, L5, and S1 muscle groups bilaterally. Sensation was normal in the L4, L5, and S1 nerve distribution bilaterally. Patellar tendon reflexes were +1 on the right side and +2 on the left side. Achilles tendon reflexes were +2 bilaterally. The treater is requesting a lumbar epidural steroid injection and #30 Temazepam 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines ESI, lumbar Page(s): 46 & 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient complains of chronic pain in the right shoulder, right knee, coccyx region, and lumbar spine radiating to the bilateral legs. Treater is requesting a lumbar epidural steroid injection. Utilization review dated 09/20/2013 denied the request stating that there is lack of corroborating evidence of radiculopathy. MTUS Guidelines page 46 to 47 states radiculopathy must be documented with physical examination and imaging studies. MRI dated 12/17/2012 showed multilevel degenerative acquired mild stenosis of the lateral neuroforamina at L4 to L5, mild to moderate stenosis at L3 to L4, and minor narrowing at L2 to L3 on the basis of bilateral facet hypertrophy and diffuse dorsal disk bulges. Progress report dated 08/16/2013 does document positive straight leg raise but this is not well defined in terms of degree and the side. Other examination was unremarkable. The treater has asked for an ESI but there is lack of clear documentation of radiculopathy. Radiculopathy requires dermatomal distribution of pain/paresthesia corroborated by an imaging study. In this case, the treater states that the patient has radiating leg pains, but they are not in a specific distribution. MRI showed various findings but no specific nerve root issues that stands out to explain the patient's leg symptoms. Recommendation is for denial.

Restoril Temazepam 15mg #30 1-2 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding the use of Benzodiazepines

Decision rationale: This patient complains of chronic pain in the right shoulder, right knee, coccyx region, and lumbar spine radiating to the bilateral legs. The treater is requesting #30 Temazepam 15 mg for sleep. Utilization review dated 09/20/2013 denied the request for Temazepam stating that documents do not report any sleeping difficulty and there is no discussion about the patient's sleep hygiene or proper education for sleep hygiene. MTUS page 24 on benzodiazepine states "not recommend this medication for long-term use. There is a risk of dependency. Most guidelines limit the use to 4 weeks." Under insomnia, ODG guidelines also state that benzodiazepines are FDA-approved for sleep maintenance but that these medications are only recommended for short-term use. Review of records from 01/18/2013 to 08/16/2013 does not show any documentation of previous Temazepam use or previous sleeping aid use. Progress report dated 08/16/2013 by [REDACTED] notes that the patient complains of continued sleep difficulty secondary to her chronic low back pain, and he is requesting Temazepam to aid in her sleep. However, there is no mention that this medication is to be used for short-term. Given the patient's chronic pain condition, it is unlikely that this sleep agent will be used on a short-term basis once initiated. Recommendation is for denial.

