

Case Number:	CM13-0068899		
Date Assigned:	06/11/2014	Date of Injury:	01/08/1998
Decision Date:	09/11/2014	UR Denial Date:	11/24/2013
Priority:	Standard	Application Received:	12/20/2013

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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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/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:

The injured worker is a 50-year-old male who sustained an injury to his low back on 01/08/98. A clinical note dated 11/26/12 reported that the injured worker is approximately 12 months post lumbar fusion. He stated that he is not doing well and he feels the pain is present in his low back. His mobility and activity are markedly reduced, secondary to pain. Current medications included MS Contin, Norco, diazepam, Cymbalta and Senna. The injured worker rated his pain at 7/10 on the visual analog scale (VAS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side thoracic medial branch blocks at T8-9 and T9-10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that the injured worker must be initially unresponsive to the conservative treatment including exercise, physical methods, NSAIDs and muscle relaxants. There was no documentation of any physical therapy, or home exercise program for the thoracic spine to date, based on the discussion, the request for

left-sided thoracic medial branch blocks a T8-9 and T9-10 were not deemed as medically necessary. Given the lack of failure of conservative treatment and the clinical documentation submitted for review, medical necessity of the request for left-sided thoracic medial branch blocks a T8-9 and T9-10 has not been established.

Diazepam 10mg #90: Upheld

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

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

Decision rationale: In regards to the use of diazepam 10mg quantity 90, this medication is not medically necessary based on the clinical documentation provided for review, and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines, as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends; short term use of benzodiazepines only due to the high risks for dependency, and abuse for this class of medication. The clinical documentation provided for review, does not specifically demonstrate any substantial functional improvement, with the use of this medication that would support its ongoing use.