

Case Number:	CM14-0003174		
Date Assigned:	01/31/2014	Date of Injury:	08/14/2002
Decision Date:	06/19/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and Rehabilitation and Pain Medicine, has a subspecialty in Pain Medicine 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 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:

This is a 49-year-old male patient with a date of injury on 08/14/2002. Diagnoses include pain in joint shoulder region, lumbosacral spondylosis without myelopathy, degeneration of lumbar lumbosacral intervertebral disc, and displacement of lumbar intervertebral disc without myelopathy. The patient is being prescribed Valium for muscle spasm. A utilization review performed on 12/06/13 not medically necessary Valium as benzodiazepines are not recommended for long-term use as long-term efficacy is unproven and there is a risk of dependence. He was noted the patient had been taking Valium since at least 8/29/13 and guidelines limit use of this medication to 4 weeks. A request for one bilateral L2, L3, L4 and L5 medial branch block was not medically necessary, as guidelines recommend no more than 2 facet joint levels are to be injected in one session, and this request is for 3 joint levels. Most recent progress report dated 01/28/14 revealed the patient presenting with complaints of bilateral low back pain and tailbone pain. She denies radiation of pain. Pain level was rated at 10/10 on average the patient reported subjective complaints of bilateral lower extremity weakness secondary to pain and uses a straight cane for safety. She reported stiffness to the low back and spasm. Interference with sleep was noted. Current medications include Flector patch, ibuprofen, Mobic, Norco, omeprazole, prednisone, and Valium. Objective findings on examination revealed patient to have an analgesic gait favoring the right and forward flexed body posture. There was tenderness noted over the paraspinal muscles overlying the facet joints and tenderness to palpation over the coccyx. Trigger points were noted over the lower paraspinal and 1+ muscle spasm was noted over the lumbar paraspinal. Range of motion was limited in flexion and extension with pain. Low worse with bilateral facet loading, left greater than right. Positive prone lumbar extension was noted. MRI of the lumbar spine performed on 01/25/14 reportedly

showed multilevel central and foraminal stenosis caused by degenerative disc disease and facet hypertrophy. There was facet hypertrophy noted at L2-3, L3-S4, L4-5, and L5-S1, most pronounced at L5-S1 and L4-L5. It was noted that a bone scan performed on 03/20/13 revealed increased activity at L5-S1 facet joints representing active degenerative change. EMG/NCS performed on 06/13/13 of the bilateral lower extremities was normal without evidence of radiculopathy. An updated request for therapeutic bilateral L4-5 and L5-S1 facet joint injections under conscious sedation was requested, as it was noted the request for bilateral L2-L5 medial branch blocks were denied on the basis of 3 facet joint levels being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 10 MG (#20): Upheld

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

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

Decision rationale: The CA MTUS guidelines state "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." Benzodiazepines are not supported for long term use due to unproven efficacy and risk of dependence. Most guidelines limit use to 4 weeks, and this patient has been prescribed benzodiazepines for greater than 6 months. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Readily available non habit forming alternatives exist; particularly given this patient is being prescribed Valium to treat muscle spasm. There is no indication of improved function with the use of Valium. Therefore, Valium 10mg #20 is not medically necessary.

BILATERAL L2, L3, L4, AND L5 MEDIAL BRANCH BLOCK: 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), Low Back- Lumbar And Thoracic (Acute And Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Facet Joint Diagnostic Blocks (Injections).

Decision rationale: The CA MTUS guidelines do not specifically address medial branch blocks, and therefore ODG guidelines are consulted, which indicate that one diagnostic medial branch block may be supported in anticipation of proceeding to radiofrequency ablation if results are positive. However, guidelines also note that no more than 2 facet joint levels should be injected in one session, and the current request is for 3 joint levels bilaterally. Therefore, after review of

the records provided and relevant guideline criteria, the request for bilateral L2, L3, L4, and L5 medial branch blocks is not medically necessary.