

Case Number:	CM14-0011097		
Date Assigned:	02/21/2014	Date of Injury:	01/27/1993
Decision Date:	08/06/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational 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:

The patient is a 57-year-old female who has filed a claim for musculoligamentous strain of cervicothoracic spine with cervical neuritis/radiculitis associated with an industrial injury date of January 27, 1993. Review of progress notes indicates cervicothoracic spine pain with associated headaches; and low back pain radiating up, into the coccyx, groin, and buttocks/legs bilaterally. The patient reports visiting the emergency room on 01/15/2014 due to severe pain. Findings include tenderness over the cervical region more on the right, right sciatic notch, and the pelvic brim; decreased range of motion of the cervical and lumbar spines; extension and rotation of cervical and lumbar spines causing ipsilateral junctional discomfort; and slight concavity of the lumbar spine to the right. Mention of an MRI of the cervical spine dated March 06, 2013 showed multilevel mild degenerative changes, and left neuroforaminal narrowing at C5-6. Treatment to date has included gabapentin, opioids, muscle relaxants, sedatives, and physical therapy. Patient has had prior thoracic spine surgery. Utilization review from January 23, 2014 denied the requests for a pain management doctor within the network to accomplish injections as facet injections are not recommended for the cervical spine; visit to the emergency room for severe pain as this deals with an unknown future possibility; and 30 diazepam 10mg as there was no indication of why this was prescribed, and no documentation regarding derived benefits. There was modified certification for 2 physical therapy sessions to the cervical spine as the patient has had 8 previous physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY VISITS FOR THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks is recommended. In this case, there is mention that the patient has had 8 previous physical therapy sessions. There is no documentation describing these sessions, including the functional benefits derived. Therefore, the request is not medically necessary.

REQUEST TO PROVIDE A PAIN MANAGEMENT DOCTOR WITH IN THE NETWORK: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Facet joint diagnostic blocks.

Decision rationale: Occupational health practitioners may refer patients to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The requesting physician indicates that the patient requires cervical facet injections. ODG states that facet joint blocks are recommended for patients with non-radicular cervical pain, with documentation of failure of conservative treatment for at least 4-6 weeks prior to the procedure. It should not be performed in patients with an anticipated surgical procedure, or who have had previous fusion at the injection level. In this case, the patient does not clearly present with non-radicular/cervical facet pathology. A progress note from January 2014 indicates radiating neck pain down to the right elbow, which was not mentioned in the latest report. Consultation with a pain management physician is a reasonable step at this time for further diagnostic work-ups, and to assess the necessity for a cervical facet injection. Therefore, the request is medically necessary.

REQUEST FOR UNKNOWN EMERGENCY ROOM VISIT FOR SEVERE PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: CA MTUS, ODG, and an online guideline database search does not discuss this topic. This request is for future emergency room visits for severe pain, which cannot be predicted at this time. There is no guideline recommendation to support a possible exacerbation of a patient's pain condition. Therefore, the request for unknown emergency room visit for severe pain is not medically necessary.

DIAZEPAM 10 MG QTY: 30: Upheld

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

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

Decision rationale: Benzodiazepines are 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. Tolerance to hypnotic effects develop rapidly. Tolerance to anxiolytic effects occur within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since January 2013. There is no documentation regarding benefits derived from this medication. Also, the patient has been prescribed Temazepam, for which there was authorization. There is no indication for use of two benzodiazepines, and this medication is not recommended for chronic use. Therefore, the request is not medically necessary.