

Case Number:	CM14-0016781		
Date Assigned:	04/11/2014	Date of Injury:	11/30/2010
Decision Date:	05/28/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/10/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 11/30/10. A utilization review determination dated 1/8/14 recommends non-certification of Valium and an ESI. 12/30/13 medical report identifies pain getting worse with low back and some LLE pain. Neck pain is 6/10 and radiated into the arms. Patient is s/p SLDF L5-S1 1/22/13. On exam, there is mild numbness and weakness on the left at L5 and S1. SLR and bowstring are equivocal on the left. There is tenderness and decreased ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 24.

Decision rationale: Regarding the request for Valium, CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 anxiolytic effects occurs within months and long-term use may

actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation of significant functional improvement with the use of this medication and a clear rationale for its long-term use despite the recommendations of the CA MTUS. In the absence of such documentation, the currently requested Valium is not medically necessary.

BILATERAL EPIDURAL LUMBAR ESI (EPIDURAL STEROID INJECTIONS) AT L5-S1 LEVEL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Epidural Steroid Injections (ESIS) Section.

Decision rationale: Regarding the request for BILATERAL EPIDURAL LUMBAR ESI (EPIDURAL STEROID INJECTIONS) AT L5-S1 LEVEL, CA MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is a notation of left lower extremity pain with mild numbness and weakness on the left at L5 and S1, but there are no current imaging studies and/or electrodiagnostic testing corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested BILATERAL EPIDURAL LUMBAR ESI (EPIDURAL STEROID INJECTIONS) AT L5-S1 LEVEL is not medically necessary.