

Case Number:	CM14-0179651		
Date Assigned:	11/04/2014	Date of Injury:	11/30/2009
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 30, 2009. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 2, 2014, the claims administrator approved a request for Norco, denied a request for Ativan, and denied cervical facet blocks. The applicant's attorney subsequently appealed. In an August 27, 2014 progress note, the applicant apparently presented with neck and back pain complaints. The applicant's subjective complaints were not, however, clearly detailed. The applicant did exhibit cervical facetogenic tenderness along with positive tender points. Positive Tinel and Phalen signs were noted at the bilateral hands and wrists. Tenderness about the lumbar spine and lower extremity weakness were also appreciated. Norco, a TENS-EMS device, Ativan 1 mg #30, and multilevel facet blocks were endorsed while the applicant was placed off of work, on total temporary disability. It was suggested that Ativan would be employed for nighttime use purposes. No other clinical progress notes were furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the information on file suggested that the applicant and/or attending provider were intent on employing Ativan for nightly use purposes, for sedative effect. This is not an ACOEM-endorsed role for Ativan, an anxiolytic medication. Therefore, the request is not medically necessary.

Cervical facet blocks, bilateral C4-C5 and bilateral C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 08/04/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, facet joint injections, the article at issue here, are deemed "not recommended." In this case, it is noted that there is considerable lack of diagnostic clarity here as the applicant has been given diagnoses of myofascial pain/cervical paraspinal pain, lumbar radicular pain, and insomnia, in addition to facetogenic neck pain for which the facet joint injections at issue could be considered. The request, thus, is not indicated both owing to the considerable lack of diagnostic clarity present as well as owing to the unfavorable ACOEM position on the article at issue. Accordingly, the request is not medically necessary.