MAXIMUS Federal Services

Case Number:	CM14-0073907		
Date Assigned:	07/16/2014	Date of Injury:	09/29/2000
Decision Date:	09/23/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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 is licensed to practice in Nevada. 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 70-year-old female who was reportedly injured on September 29, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 15, 2014, indicates that there are ongoing complaints of neck pain radiating to the right upper extremity. Current medications include Norco, diazepam and oxycodone. The physical examination demonstrated mildly reduce cervical spine range of motion and reduced sensation at the right C7 dermatomes. Diagnostic imaging studies of the cervical spine revealed multilevel degenerative discopathy. Previous treatment is unknown. A request was made for diazepam and a right-sided C7 selective nerve root block and was not certified in the pre-authorization process on May 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines (Anti-depressant) Page(s): 24, 66. Decision based on Non-MTUS Citation Official Disability Guidelines: Anxiety medications in chronic pain.

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

Decision rationale: Valium (Diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a 2nd line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Considering this, this request for diazepam 10 mg is not medically necessary.

Right C7 Selective Nerve Root Block under Fluoroscopy, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of radicular pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter; Facet joint medial branch blocks (therapeutic Injections), Pain Physician 2005, Pain Physician 2007, Official Disability Guidelines: Criteria for the use of diagnostic blocks for facet "mediated" pain.

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, Facet Joint Diagnostic Blocks, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines facet joint diagnostic blocks are not indicated for facet nerve pain. Additionally the criteria for these injections states that there should be a document of conservative treatment to include home exercise, physical therapy, and non-steroidal anti-inflammatory drugs. Additionally these injection should be limited to patients with cervical pain that is nonradicular. As there is no documentation regarding the efficacy of prior conservative treatments and there are radicular findings on physical examination, this request for a C7 selective nerve root block under fluoroscopic guidance is not medically necessary.