

Case Number:	CM14-0196047		
Date Assigned:	12/04/2014	Date of Injury:	12/17/2009
Decision Date:	01/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 Interventional Spine 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 42 year old male with an injury date on 12/17/2009. Based on the 10/07/2014 progress report provided by the treating physician, the diagnoses are: 1. Cervical facet joint pain C5-C6, C7-T1 2. Cervical facet joint arthropathy3. Chronic neck pain4. Left shoulder impingement5. Chronic thoracic back pain6. Chronic low back pain According to this report, the patient complains of "bilateral neck pain and bilateral shoulder pain; bilateral thoracic back pain; bilateral low back pain." Physical exam reveals tenderness upon palpation of the bilateral C5-C6, C6-C7, C7-T1 facet joints, thoracic paraspinal muscles, and bilateral shoulders. Bilateral shoulder ranges of motion were restricted by pain. The treatment plan is waiting for authorization of the left C5- C6 and C7-T1 facet joint medial branch block, refill medications, and follow-up visit in four weeks. The patient's past treatment consist of left shoulder cortisone injection with 50% improvement, C4-C5 Pro Disc replacement, left thumb surgery, T6-T8 fusion, right shoulder surgery, failed physical therapy, NSAIDs. The patient is permanent disability with work restrictions of no bending, twisting, or lifting. There were no other significant findings noted on this report. The utilization review denied the request for (1) Lorazepam 0.5 #90 and (2) diagnostic left C5-6 and C7-T1 facet joint medial joint branch block fluoroscopically guided on 11/13/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/08/2014 to 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #90: Upheld

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

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

Decision rationale: According to the 10/07/2014 report, this patient presents with neck, shoulders, thoracic and low back pain. The current request is for Lorazepam 0.5 mg #90. MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. Review of reports show the patient has been prescribed Lorazepam since 05/08/2014 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. The current request is not medically necessary.

Diagnostic left C5-6 and Left C7-T1 facet joint medial joint branch block fluoroscopically guided: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulation Title 8. Official Disability Guidelines

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 under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks therapeutic injections

Decision rationale: According to the 10/07/2014 report, this patient presents with neck, shoulders, thoracic and low back pain. The current request is for diagnostic left C5-6 and C7-T1 facet joint medial joint branch block fluoroscopically guided. Regarding medial branch blocks, MTUS does not address it, but ODG neck and upper back chapter states "Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally." Review of the reports does not show evidence of prior MBB being done in the past. In this case, the patient presents with non-radiating (non-dermatomal distribution) neck pain with paraspinal muscles tenderness upon palpation. Evaluation of the facet joints would appear to be reasonable and consistent with ODG Guidelines. The current request is medically necessary.