

Case Number:	CM14-0207159		
Date Assigned:	12/19/2014	Date of Injury:	06/03/2013
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 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:

This patient presents with lumbar spine pain and hip pain with psychiatric symptoms. The request is for LORAZEPAM tablet 1mg #30. The utilization review letter shows the request is certified with modification to "#15 for weaning to off over the next two months." Lozepam is in a group of drugs called benzodiazepines. MTUS page 24 states that Benzodiazepines is "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." ODG guidelines, pain chapter states that "not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction." ODG guidelines Mental Illness chapter, under benzodiazepine section also states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids." Review of reports shows that the treater prescribed Ativan since 10/03/14 and on the next visit 10/10/14, the treater states that the patient has "still poor memory, troubled by feeling sound of a car rushing across/thru her head." The reports dated 10/13/14, 10/17/14, and 10/27/14 listed Ativan as current medication and indicate a long-term use. The guidelines do not support more than 2 weeks of this class of medication for any condition. The request IS NOT medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral facet joint injection L4-L5, L5-S1 with fluoroscopic guidance and IV sedation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 11/21/14), Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: Facet joint signs and symptoms.

Decision rationale: According to the 11/14/2014 report, this patient presents with "pain in his low back with radiation to the left lower extremity." The current request is for bilateral facet joint injection L4-L5, L5-S1 with fluoroscopic guidance and IV sedation. ACOEM Guidelines do not support facet injections for treatments, but does discuss dorsal median branch blocks as well radio-frequency ablations on page 300 and 301. ODG guidelines also support facet diagnostic evaluations for patient's presenting with paravertebral tenderness with non-radicular symptoms. No more than 2 levels bilaterally are recommended. In reviewing the provided reports, there is no evidence of prior facet injection. However, in this case, the treating physician document that the patient has radiating leg pain. ODG guidelines do not support facet injection in patient with radicular symptoms. Therefore, the request is not medically necessary.