MAXIMUS Federal Services

Case Number:	CM15-0189218		
Date Assigned:	10/01/2015	Date of Injury:	01/03/2003
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 39 year old male who sustained an industrial injury on 01-03-2003. Current diagnoses include sciatic nerve lesion, lumbar radiculopathy, chronic back pain, spasm of muscle, and knee pain. Report dated 08-19-2015 noted that the injured worker presented with complaints that included back pain radiating down both legs, poor sleep quality, and acute muscle spasms in the lumbar spine. Pain level was 5 (with medications) and 8 (without medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-19-2015 revealed restricted range of motion in the lumbar spine with pain, on palpation of paravertebral muscles, spasms and tenderness, tight muscle band and trigger points are noted, tenderness over the sacroiliac spine, motor testing was limited by pain, decreased sensation, and straight leg raise is positive on both sides. Previous treatments included medications, physical therapy, and injections. The treatment plan included a request for a trigger point injection for myofascial spasm, and prescribed medications, which included Neurontin, Toradol, Norco, Valium, and Kadien ER. The physician noted that trigger point injections have been beneficial in the past for muscles spasm. The utilization review dated 08-26-2015, non-certified the request for Valium, and 1 Trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Valium 10mg #45 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations, and using this medication beyond the MTUS recommended 4 week time period. The request for Valium is not medically necessary.

1 Trigger point injection for myofascial spam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: 1 Trigger point injection for myofascial spasm is not medically necessary per the MTUS Guidelines. The MTUS states that radiculopathy should not present (by exam, imaging, or neuro-testing). The documentation indicates that the patient has a positive straight leg raise bilaterally with trigger points in the lumbar area. The guidelines do not support trigger point injections in the setting of radiculopathy. The request, additionally, does not specify location of this injection. For these reasons the request for 1 trigger point injection for myofascial spasm is not medically necessary.