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| Case Number: | CM15-0060508 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 03/07/2007 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/09/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46-year-old female with an industrial injury dated March 7, 2007. The injured worker diagnoses include status post-concussion, post traumatic headaches, post traumatic dizziness and post traumatic tinnitus, cervical strain right greater than left, right cervical radiculopathy, status post right shoulder open repair on 9/4/13, right elbow strain with lateral epicondylitis and medial epicondylitis, right wrist and hand strain, lumbar strain with left lumbar radiculopathy, right hip strain and secondary depression and anxiety. Treatment consisted of diagnostic studies, prescribed medications, epidural steroid injection (ESI), physical therapy, psychiatric treatment and periodic follow up visits. According to the most recent treating physician report dated 12/03/2014, the treating physician noted axial and lower extremity pain. The treating physician also noted that the injured worker had radiculopathy at S1 and a posterior disc protrusion centrally at L4-5. In the most recent physical therapy note dated 12/1/2014, the injured worker reported pain/tightness involving her head, neck, shoulders, back, hips and bilateral lower extremities. There were no current medical reports submitted for review. The treating physician prescribed services for medical branch block (MBB) for cervical spine and Restoril 30mg #15 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical branch block (MBB) for cervical spine (levels not specified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 Medical Branch Blocks/Facet Signs and Symptoms.

Decision rationale: MTUS Guidelines do not address this in adequate detail to perform reasonable reviewing of the request. ODG Guidelines address this issue in detail and recommend facet blocks only if specific exam findings are present. In addition, the Guidelines recommend limiting the blocks to a specific number of levels. Neither of these Guideline standards are met in this request. Under these circumstances, the unspecific request for facet medial branch blocks is not supported by Guidelines and is not medically necessary.

Restoril 30mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia Treatment.

Decision rationale: MTUS Guidelines do not recommend the long-term use of Benzodiazepines and Restoril is in this class of medications. ODG Guidelines provide additional recommendations regarding the use of hypnotic medications and this class of sleep medications is recommended for very short-term use only. These recommendations are supported by the recent quality evidence that long-term use of Benzodiazepines may be associated with a increased risk of age related dementia. The Restoril 30mg #15 is not medically necessary.