

Case Number:	CM15-0087054		
Date Assigned:	05/11/2015	Date of Injury:	05/02/2012
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61-year-old male, who sustained an industrial/work injury on 5/2/12. He reported initial complaints of head, neck, and back pain. The injured worker was diagnosed as having post- concussion syndrome, closed head injury, short-term memory loss, neck pain, and headaches. Treatment to date has included medication, diagnostics, speech pathology therapy, and neuropsychology. MRI results were reported on 4/25/13 of the cervical area with result of prior fusion at C4-5, C5-6, no neural compression identified and MRI of 5/7/13 was unremarkable examination of the right shoulder, rotator cuff intact. Currently, the injured worker complains of chronic neck and post concussive syndrome with hearing and memory change. The pain is aching and stabbing in the neck with radiation down both arms. His low back pain is aching with occasional radiation to the right leg. There is numbness to his arms and feet. Pain is rated 8/10. Per the primary physician's progress report on 4/13/15, examination revealed antalgic gait, 4+/5 upper extremity strength on the right, 5/5 on the left. There is tenderness over the cervical paraspinals and right periscapular muscles. The lumbar spine had tenderness over the paraspinals and increased pain with flexion and extension. The requested treatments include Facet Injection Right L3-L4, Facet Injection Right L4-L5, Facet Injection Right L5-S1, Flexeril 10 mg, and Halcion 0.25 mg. The medications listed are Norco, Flexeril, Neurontin, Celexa, Oxycontin, Cialis, Protonix, Celebrex and Halcion. The UDS reports were reported to be consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Injection Right L3-L4 Quantity Requested: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain blocks can be utilized for the treatment of severe musculoskeletal pain that did not respond to conservative treatment with medications and PT. The records show that the significant subjective and objective findings were consistently primarily located to the cervical spine and neck. The low back findings are indicative of lumbar radiculopathy. The guidelines did not recommend that facet injections be utilized for the treatment of radicular pain. There was subjective report of significant pain relief and functional restoration with utilization of medications and acupuncture treatments. The request for Facet injections Right L3-L4 #1 is not medically necessary.

Facet Injection Right L4-L5 Quantity Requested: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain blocks can be utilized for the treatment of severe musculoskeletal pain that did not respond to conservative treatment with medications and PT. The records show that the significant subjective and objective findings were consistently primarily located to the cervical spine and neck. The low back findings are indicative of lumbar radiculopathy. The guidelines did not recommend that facet injections be utilized for the treatment of radicular pain. There was subjective report of significant pain relief and functional restoration with utilization of medications and acupuncture treatments. The request for Facet injections Right L4-L5 #1 is not medically necessary.

Facet Injection Right L5-S1 Quantity Requested 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain blocks can be utilized for the treatment of severe musculoskeletal pain that did not respond to conservative treatment with medications and PT. The records show that the significant subjective and objective findings were consistently primarily located to the cervical spine and neck. The low back findings are indicative of lumbar radiculopathy. The guidelines did not recommend that facet injections be utilized for the treatment of radicular pain. There was subjective report of significant pain relief and functional restoration with utilization of medications and acupuncture treatments. The request for Facet injections Right L5-S1 #1 is not medically necessary.

Flexeril 10mg Quantity Requested: 360.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 41-42, 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs and PT have failed. The chronic use muscle relaxants can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The records indicate that the patient is utilizing multiple opioids, sedatives and muscle relaxants concurrently. The duration of use of the Flexeril had exceeded the guidelines recommended maximum period of 4 to 6 weeks utilization. The request for Flexeril 10mg #360 is not medically necessary.

Halcion 0.25mg quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792. 24. 2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that benzodiazepines can be utilized for short term treatment of insomnia when non medication sleep hygiene measures have failed. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, daytime somnolence and adverse interaction with opioids and sedative medications. The records indicate that the patient had utilized Halcion longer than the guidelines recommended maximum period of 4 weeks. There is no documentation of failure of sleep hygiene measures or completed evaluation of treatable causes of insomnia. The request for the utilization of Halcion 0.25mg #60 is not medically necessary.