

Case Number:	CM13-0030844		
Date Assigned:	12/18/2013	Date of Injury:	11/09/2003
Decision Date:	02/10/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease 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 physician 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 70-year-old male who reported an injury on 11/09/2003. The patient is currently diagnosed as status post anterior cervical decompression and fusion (ACDF) at C3-4, C5-7, cervical myeloradiculopathy, cervical spondylosis, and lumbar spondylosis with herniated nucleus pulposus. The patient was seen by [REDACTED] on 07/16/2013. Physical examination revealed guarding, diminished strength, hypalgesia on the top of the left shoulder and C4-5, and diminished range of motion. Treatment recommendations included continuation of current medication and bilateral transforaminal blocks at C2-3 and C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

left C2-3 transforaminal blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging

studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient underwent cervical epidural steroid injections in 01/2012. Although it is noted that the patient had good relief for 1 and a half years following the initial injection, documentation of objective measurable improvement with 50% pain relief and associated reduction of medication use for 6 to 8 weeks was not provided. Additionally, the patient's latest MRI of the cervical spine dated 05/08/2012 indicated no lateral disc bulge or foraminal narrowing at C2-3. Based on the clinical information received and the California MTUS Guidelines, the patient does not currently meet criteria for epidural steroid injection. As such, the request is non-certified.

left C4-5 transforaminal blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient underwent cervical epidural steroid injections in 01/2012. Although it is noted that the patient had good relief for 1 and a half years following the initial injection, documentation of objective measurable improvement with 50% pain relief and associated reduction of medication use for 6 to 8 weeks was not provided. Additionally, the patient's latest MRI of the cervical spine dated 05/08/2012 indicated no lateral disc bulge or foraminal narrowing at C4-5. Based on the clinical information received and the California MTUS Guidelines, the patient does not currently meet criteria for epidural steroid injection. As such, the request is non-certified.

right C2-3 transforaminal blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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Diazepam 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7/18/2009.

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. As per the clinical notes submitted, the patient does not demonstrate palpable muscle spasm on muscle tension on physical examination. Despite the ongoing use, the patient continues to report persistent pain. It is also noted on 07/16/2013, the patient had a mild reaction to Valium 5 mg and it was discontinued. This contradicts the treatment plan ordering diazepam 5 mg at bedtime. Based on the clinical information received, the request is non-certified.