

Case Number:	CM14-0009524		
Date Assigned:	02/14/2014	Date of Injury:	10/30/1999
Decision Date:	06/26/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgery 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:

The patient is a 53-year-old male who has submitted a claim for lumbar post laminectomy syndrome associated with an industrial injury date of October 30, 1999. The patient complains of chronic low back pain radiating to the legs, mostly to the left. Physical examination showed decreased lumbar lordosis; tenderness over the bilateral lumbar paraspinal muscles; limitation of motion of the lumbar spine; hypoactive reflexes of the bilateral knee and ankle; and diminished sensation over the dorsum and lateral aspect of the left foot. The diagnoses include failed back surgery syndrome status post L4-S1 fusion; post-operative seroma; L2-3 protrusion with mild spinal stenosis and opioid dependence. The patient has been on a long-term use of a medication regimen including MS Contin 30mg 3x daily; Dilaudid 8mg four times daily; Valium 10mg once at night, and Norco 10mg four times daily. A lumbar discogram at L1-4 was requested to consider possible intradiscal injection of PRP and bone marrow. Treatment to date has included oral analgesics, lumbar epidural injections and lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR DISCOGRAM AT L1-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12, 66

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

Decision rationale: As stated on page 304-305 of the ACOEM Low Back Guidelines referenced by CA MTUS, discography has a limited diagnostic value and can produce significant symptoms in patients with no back problems. In this case, a lumbar discogram at L1-4 was requested to consider possible intradiscal injection of PRP and bone marrow. However, the medical records did not show a significant change or progression of symptoms as the subjective and objective findings have been status quo since 2011. There is no indication for an additional test. The patient does not meet surgical fusion criteria. Testing should be limited to a single level and a control level. A psychological clearance was not obtained. Therefore, the request for ONE LUMBAR DISCOGRAM AT L1-L4 is not medically necessary.

PRESCRIPTION OF VALIUM 10MG: Upheld

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

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

Decision rationale: Page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines states 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 because tolerance to hypnotic effects develops rapidly; tolerance to anxiolytic effects occurs within months; and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Long-term use may actually increase anxiety. In this case, the patient has been on Valium as far back as July 2011. This medication is not recommended for long-term use. Also, the patient is on high dose opioid regimen and combination of these medications raises concern about respiratory depression. Moreover, the request did not specify the amount of medication to dispense. Therefore, the request for Valium 10mg is not medically necessary.