

Case Number:	CM14-0215182		
Date Assigned:	01/02/2015	Date of Injury:	08/21/2009
Decision Date:	02/24/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Physical Medicine & Rehabn, 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:

This is a patient with a date of injury of August 21, 2009. A utilization review determination dated December 12, 2014 recommends non-certification of a lumbar spine x-ray, home care, and Valium. Non-certification of a lumbar x-ray was recommended since a recent lumbar CT scan was performed on October 31, 2014. Home care was denied due to the request being for homecare activities of daily living. Valium was modified due to lack of guideline support for long-term use of these types of medications. A utilization review determination dated January 8, 2015 recommends certification for a lumbar MRI. A progress report dated August 7, 2014 indicates the Valium is being prescribed for muscle spasms. Subjective complaints include low back pain with lower extremity paresthesias. The patient has benefited from taking medications which has increased the activities of daily living. No aberrant behavior is noted. Physical examination findings revealed tenderness to palpation over paraspinal muscles with decreased range of motion in the right shoulder and lumbar spine. Diagnoses include chronic right hip pain, chronic neck pain, status post anterior cervical discectomy and fusion, and history of right SLAP repair. The treatment plan recommends continuing medications. A progress report dated October 28, 2014 states that the patient still requires assistance with activities of daily living such as shopping, cooking, and cleaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the lumbar spine Qty: 1.00.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Low Back Chapter, Radiographs (X-Rays)

Decision rationale: Regarding request for lumbar spine x-ray, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has had substantial imaging already provided in the form of MRI. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. In fact, it appears a recent lumbar MRI was authorized and performed. It is unclear how the x-ray would add to any current medical decision-making. In the absence of clarity regarding those issues, the currently requested lumbar x-ray is not medically necessary.

Home care (3 hours/day x7 days/weeks) (months) Qty: 3.00.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51 of 127.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.

Valium 5mg Qty: 60.00.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the 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.” Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.