

Case Number:	CM14-0071759		
Date Assigned:	07/16/2014	Date of Injury:	11/01/1997
Decision Date:	05/27/2015	UR Denial Date:	05/11/2014
Priority:	Standard	Application Received:	05/19/2014

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48 year old male, who sustained an industrial injury on November 1, 1997. The injured worker has been treated for head, neck and low back complaints. The diagnoses have included cervical spondylosis, chronic pain syndrome and lumbar post-laminectomy syndrome. Treatment to date has included medications, radiological studies, electrodiagnostic studies, lumbar radiofrequency dorsal root ganglion rhizotomy and lumbar spine surgery. Current documentation dated April 29, 2014 notes that the injured worker reported neck pain which radiated to the shoulders. The pain was noted to be constant and rated a seven out of ten on the visual analogue scale. Examination of the cervical and lumbar spine revealed tenderness and a decreased range of motion. The treating physician's plan of care included a request for a right cervical four-cervical five and cervical five-cervical six selective nerve root block under fluoroscopy and the medication Restoril 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right C4-5 and C5-6 selective nerve root block under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right C4 - C5 and C5 - C6 selective nerve root blocks under fluoroscopy are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar post laminectomy syndrome; cervical spondylosis; and chronic pain syndrome. The documentation shows the injured worker received selective nerve blocks on May 28, 2013 and March 25. There is no documentation of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The most recent progress noted April 29, 2014 does not contain objective evidence of cervical radiculopathy. There is no neurologic evaluation. Subjectively, the injured worker had a VAS pain scale of 7/10. This is unchanged from April 2013 progress note with the VAS pain scale of 8/10. Additionally, there are no electrodiagnostic studies or magnetic resonance imaging scans to corroborate cervical radiculopathy (not present physical examination). Consequently, absent clinical documentation of two prior selective nerve blocks with a 50% pain improvement and associated reduction of medication use and clinical objective evidence of cervical radiculopathy, right C4 - C5 and C5 - C6 selective nerve root blocks under fluoroscopy are not medically necessary.

Restoril 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): pain (chronic).

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Restoril 15 mg is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. The Official Disability Guidelines do not recommend Restoril. In this case, the injured worker's working diagnoses are lumbar post laminectomy

syndrome; cervical spondylosis; and chronic pain syndrome. The documentation shows the injured worker was taking Restoril as far back as February 14, 2012. The documentation does not contain subjective evidence of sleep difficulties or insomnia. There are no diagnoses referencing sleep difficulties or insomnia. The guidelines do not recommend Restoril. Additionally, Restoril is a benzodiazepine that is not recommended for long-term use (longer than two weeks). The injured worker has been taking Restoril in excess of two years. This is clearly in excess of the recommended guidelines (without compelling supporting documentation). Consequently, absent guideline recommendations for Restoril and Restoril use clearly in excess of the recommended guidelines, Restoril 15 mg is not necessary.