

<b>Case Number:</b>	CM13-0016793		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	11/05/2007
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 62-year-old female who reported an injury on 11/05/2007. The mechanism of injury was not specifically stated. The patient is currently diagnosed with facet arthropathy, left sacroiliitis, and chronic low back pain. The patient was seen by [REDACTED] on 08/07/2013. The patient reported 6-7/10 pain in the lower back. The patient does report improvement with an SI joint injection as well as a rhizotomy in the past. Physical examination revealed tenderness to palpation, decreased range of motion, negative straight leg raising, intact sensation, positive Faber's testing, positive Fortin's testing, and positive tenderness to palpation over the SI joint. Treatment recommendations included continuation of current medications including Flexeril and Norco, as well as a rhizotomy of bilateral L4-5 and L5-S1 facet joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The MTUS Guidelines indicate that muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. According to the documentation submitted, the employee has continuously utilized this medication. Despite ongoing use, the employee continues to report persistent high levels of pain. There was no documentation of palpable muscle spasm upon physical examination. Based on the clinical information received and the MTUS Guidelines, the request for Cyclobenzaprine 7.5mg, #60 is non-certified

**Rhizotomy of the bilateral L4-5 and L5-S1:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet joint radiofrequency neurotomy

**Decision rationale:** The MTUS/ACOEM Practice Guidelines indicate there is good quality medical literature demonstrating radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar spine. The Official Disability Guidelines indicate that treatment requires a diagnosis of facet joint pain using a medial branch block. According to the documentation submitted, the employee has previously undergone a rhizotomy at L3, L4, and L5 on 09/14/2012. However, documentation of at least 50% pain relief for 12 weeks following the initial procedure was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request for Rhizotomy of the bilateral L4-5 and L5S1 Facets is non-certified