

Case Number:	CM13-0031053		
Date Assigned:	12/04/2013	Date of Injury:	12/14/2011
Decision Date:	01/30/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 25-year-old male who reported injury on 12/14/2011. The mechanism of injury was not provided. The patient was noted to have a lumbar facet injection on 04/30/2013 with significant relief. The patient's diagnoses were noted to include degeneration lumbar lumb/sac disc and pain in joint, lower leg. The request was made for prospective request for 1 request for bilateral facet joint injections at L4-May and L5-S1 between 09/13/2013 and 11/15/2013, a prospective request for 1 prescription for cyclobenzaprine 7.5mg #90 between 09/13/2013 and 11/15/2013 and a prospective request for 1 initial evaluation for functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 request for bilateral facet joint injections at L4-5 and L5-S1 between 09/13/2013 and 11/15/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: ACOEM Guidelines indicate the facet joint injections are not recommended for the treatment of low back disorders, however, despite the fact that proof is lacking many

physicians believe that diagnostic and or therapeutic injections have benefit in patients presenting in the transitional phase between acute and chronic. However, they do not address specific criteria. Official Disability Guidelines recommend the criteria for the use of therapeutic intra-articular and medial branch blocks are that no more than 1 therapeutic intra-articular block is recommended and there should be no evidence of radicular pain, spinal stenosis or previous fusion. If successful, the initial pain relief of 70% plus pain relief of at least 50% for duration of at least 6 weeks, then recommendation is to proceed to a medial branch block and subsequent neurotomy. Additionally, there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. Clinical documentation submitted for review indicated the patient had a lumbar facet injection on 04/30/2013 which revealed the patient had significant relief in the low back pain for several months. However, per Official Disability Guidelines no more than 1 therapeutic intra-articular block is recommended and the recommendation per ODG is to proceed to a medial branch diagnostic block and subsequent neurotomy. Clinical documentation submitted for review failed to provide the objective documentation of success including pain relief of at least 50% for a duration of at least 6 weeks. Additionally it failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Given the above, and the lack of documentation that this would be in addition to evidence-based activity and exercise, the request for the prospective request for 1 request for bilateral facet joint injections at L4-May and L5-S1 between 09/13/2013 and 11/15/2013 is not medically necessary.

Prospective request for 1 prescription of Cyclobenzaprine 7.5mg #90 between 09/13/2013 and 11/15/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41.

Decision rationale: CA MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. The physical examination revealed the patient had no spasm or guarding. The patient was noted to have tenderness to palpation of the lumbar bony prominences. The clinical documentation submitted for review failed to provide the necessity for the requested medication. Additionally it failed to provide the efficacy of prior prescriptions. It fails to provide the necessity for long term treatment. Given the above and the lack of documentation of exceptional factors, the request for prospective request for 1 prescription for cyclobenzaprine 7.5mg #90 between 09/13/2013 and 11/15/2013 is not medically necessary.

Prospective request for 1 initial evaluation for a functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Lumbar Spine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-31.

Decision rationale: California MTUS Guidelines indicate that the criteria for entry into a functional restoration program includes an adequate and thorough evaluation that has been made including baseline functional testing so followup with the same test can note functional improvement, documentation of previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement, documentation of the patient's significant loss of the ability to function independently resulting from the chronic pain, documentation that the patient is not a candidate for surgery or other treatments would clearly be warranted, documentation of the patient having motivation to change and that they are willing to forego secondary gains including disability payments to affect this change, and negative predictors of success has been addressed. Additionally it indicates the treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review indicated the patient had participated in physical therapy. The physician indicated the patient had failed coping mechanisms and opined the patient would best be treated in a multi-disciplinary program. However, there is a lack of documentation of the previous criteria to indicate the necessity for the program. Given the above, the request for the prospective request for 1 initial evaluation for a functional restoration program is not medically necessary.