

Case Number:	CM13-0035073		
Date Assigned:	01/03/2014	Date of Injury:	01/04/2001
Decision Date:	03/19/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/16/2013

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 & Rehabilitation, 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 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:

According to the records made available for review, this is a 55-year-old male with a 1/4/01 date of injury. At the time of request for authorization for left L4 & L5 transforaminal epidural steroid injection, lumbar spine; TENS unit w/supplies, 30 day trial, for lumbar spine; and Flexeril 5mg tab po tid pm for spasm \$90 (2 refills), there is documentation of subjective (lower back and left lower extremity pain with radiating pain down the left lateral calf and tingling) and objective (restricted lumbar spine range of motion; positive facet loading; positive left straight leg raise; decreased sensation in the left lateral calf, dorsum of the left foot, and medial plantar foot; and decreased motor strength with left quadriceps extension, plantar flexion, and dorsiflexion) findings, current diagnoses (lumbago and sciatica), and treatment to date (lumbar epidural steroid injection on 5/23/01 and medications (including Flexeril since at least 12/12/11)). Regarding left L4 & L5 transforaminal epidural steroid injection, lumbar spine, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection. Regarding TENS unit w/supplies, 30 day trial, for lumbar spine, there is no documentation that other appropriate pain modalities have been tried (including medication) and failed and a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. Regarding Flexeril 5mg tab po tid pm for spasm \$90 (2 refills), there is no documentation of acute muscle spasms and the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 & L5 transforaminal epidural steroid injection, lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: The MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. The ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbago and sciatica. In addition, there is documentation of a previous lumbar epidural steroid injection. However, there is no documentation of at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for left L4 & L5 transforaminal epidural steroid injection, lumbar spine is not medically necessary.

TENS unit w/supplies, 30 day trial, for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Transcutaneous Electrical Nerve Stimulation (TENS)..

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 113-117.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. Within the medical information available for review, there is documentation of diagnoses of lumbago and sciatica. In addition, there is documentation of pain of at least three months duration and a treatment plan including the specific short- and long-term goals of treatment with the TENS. However, given documentation of the associated request for lumbar epidural injection and medication, there is no documentation that other appropriate pain modalities have been tried (including medication) and failed. In addition, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. Therefore, based on guidelines and a review of the evidence, the request for TENS unit w/supplies, 30 day trial, for lumbar spine is not medically necessary.

Flexeril 5 mg tab po tid PRN for spasm \$90 (2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril 5 mg tab po tid PRN for spasm \$90 (2 refills. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain, Muscle Relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify that Flexeril is recommended for a short course of therapy. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbago and sciatica. However, given documentation of a 1/4/01 date of injury, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 12/12/11, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 5mg tab po tid PRN for spasm \$90 (2 refills) is not medically necessary.