

Case Number:	CM13-0039569		
Date Assigned:	12/20/2013	Date of Injury:	05/24/2006
Decision Date:	04/07/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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:

38 year old female injured worker with date of injury 5/24/06 with related pain in the neck, back, left ankle, and left shoulder. She completed 3 Synvisc injections to the left ankle, but after the final injection she began to have sharp pains. Per 9/3/13 report, relevant objective findings included edema of the left lateral ankle, tenderness to palpation over the medial greater than the lateral ankle and Achilles tendon. In the lumbar spine, Kemp's test was positive for facet irritation, sacroiliac stress test was positive for anterior ligament strain on the left, and Gaenslen's test was positive on the left for sacroiliac dysfunction. Upon palpation of the cervical spine spasm was noted on the left with tender and taught bands in the upper trapezius with twitch response. MRI dated 8/12/08 showed 1-2mm disc bulges from C3-C7. MR arthrogram dated 10/31/11 revealed thoracic outlet syndrome with compression of the left subclavian vein. She is status post left ankle arthroscopy 11/28/10. She was diagnosed with fibromyalgia in 2005. Treatment to date includes physical therapy, chiropractic treatment, and medication management. The date of UR decision was 9/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE 2 PRESCRIPTION NORFLEX #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63,65.

Decision rationale: With regard to muscle relaxants, the MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The documentation submitted for review does not indicate an acute exacerbation of LBP or spasm. The request is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PAIN MANAGMENT CONSULTATION AND LEFT SACROILIAC JOINT RHIZPTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Sacroiliac joint radiofrequency neurotomy.

Decision rationale: The MTUS is silent on sacroiliac joint rhizotomy. Although the injured worker has had improvement from lumbar facet blocks in the past, sacroiliac joint radiofrequency neurotomy is not recommended by the ODG. As such, the request is not medically necessary. The records available for my review do not to include a diagnostic sacroiliac intraarticular joint injection or lateral branch diagnostic nerve blocks, which would be indicated to corroborate possible benefit from SIJ rhizotomy.