

<b>Case Number:</b>	CM13-0050123		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/10/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 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 61 year old female who reported an injury on 09/10/2012. Her diagnoses include lumbar disc disease and lumbar facet syndrome. She was seen by [REDACTED] on 11/20/2013 for continued low back pain. The note reported lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, 2-3 millimeter disc bulges at L1-L2/L2-L3 and a 2 millimeter disc bulge at L2 through L4 with central canal narrowing at L2-L3/L4-L5. She was recommended a medial branch block at L4-5. The clinic note from [REDACTED] on 10/09/2013 indicates complaints of low back pain rated at 8-9/10 radiating to the legs bilaterally with numbness/tingling to the right foot. Additionally, she has no considerable radicular symptoms on examination. The note also states, she has failed conservative treatment including physical therapy, chiropractic therapy, medication, rest, and a home exercise program. He recommended continuing medication regimen, the electronic muscle stimulator unit for 30 days, and branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750 mg, #45:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Methocarbamol Page(s): 65.

**Decision rationale:** The MTUS guidelines recommend Robaxin 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day. The documentation provided indicates medications have failed to provide the employee adequate relief of pain. Additionally, there is no evidence of a pain scale to indicate the employee's pain before/after taking the medication and therefore, efficacy cannot be determined. Given the above, the request is non-certified.

**Interferential (IF) unit trial:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Interferential Current Stimulation Page(s): 118-119.

**Decision rationale:** The MTUS Guidelines recommend interferential treatment when pain is ineffectively controlled due to diminished effectiveness of medications or if significant pain from acute conditions limits the ability to perform exercise programs/physical therapy treatment. The documentation submitted did not provide evidence that the employee's medication regimen was ineffective. Also, there was no documentation provided to support physical therapy was ineffective. Given the above, the request is non-certified.