

Case Number:	CM13-0058365		
Date Assigned:	12/30/2013	Date of Injury:	08/05/2003
Decision Date:	04/10/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 expert 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 53-year-old female who reported an injury on 09/19/2011. The mechanism of injury was not submitted. Diagnosis includes lumbar disc degeneration, chronic pain, lumbar facet arthropathy, and lumbar radiculopathy. The patient rated her pain at 8/10 with medication and 9/10 without medication. Pain increased with activity. The patient reported the pain had worsened since the last visit. It was noted that pain was located in the low back with radiating pain to the right lower extremity to the level of the foot. The pain was also associated with weakness, numbness, and tingling in the lower extremity. The patient also complained of neck pain. The physical examination revealed the patient had decreased range of motion with the lumbar spine, pain with flexion, extension, and rotation, and tenderness to palpation at the lumbar spine. There was tenderness to palpation at the cervical spine in addition to decreased range of motion with the cervical spine. Request for authorization include Tizanidine, Naproxen, and a cervical spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF TIZANIDINE 4MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63, 66.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends muscle relaxers as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The patient complained of pain to the low back; however, the documentation submitted for review does not indicate how long the patient has been taking the medication. Also, the documentation does not show evidence that the patient experienced an acute flare-up of chronic pain. The request for One (1) Prescription of Tizanidine 4mg, # 60 is not medically necessary and appropriate.

ONE (1) PRESCRIPTION OF NAPROXEN 550, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states nonsteroidal anti-inflammatory drugs are recommended as an option for short term symptomatic relief. The patient complained of pain to the neck and back; however, the documentation does not indicate how long the patient has been taking the medication. Also, the documentation does not show efficacy of the medication. The request for one (1) prescription of Naproxen 500, # 60 is not medically necessary and appropriate.

ONE (1) CERVICAL EPIDURAL STEROID INJECTION AT LEFT C4-6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long term functional benefit. The guidelines also state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must also initially be unresponsive to conservative treatments (exercise, physical methods, and muscle relaxants). The patient complained of neck and back pain. However, the clinical documentation submitted for review does not show evidence of a failure of conservative treatment. Also, the documentation does not show evidence of the patient participating in an active treatment program. The request for one epidural steroid injection at left C4-6 is not medically necessary and appropriate.