

Case Number:	CM13-0059591		
Date Assigned:	12/30/2013	Date of Injury:	12/13/2005
Decision Date:	04/30/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 70 year-old with a date of injury of 12/13/05. A progress report associated with the request for services, dated 10/22/13, identified subjective complaints of low back pain radiating into the right leg. Objective findings included a positive straight leg-raising bilaterally. Sensation, motor function, and reflexes were intact. There was tenderness to palpation of the sacral facet joints. Diagnoses included lumbosacral spondylosis with facet syndrome; lumbar radiculopathy; and chronic low back pain. Treatment has included physical therapy as well as oral opioids, NSAIDs, ant seizure agents, and muscle relaxants. The record states that response to opioids is worsened pain in one section of the note but improvement with therapy in another section.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet injections at L5-S3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Blocks

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that facet-joint injections are not recommended. Also, "Invasive techniques (e.g. local injections and facet joint injections of cortisone and lidocaine) are of questionable merit." The Official Disability Guidelines (ODG) states that facet joint medial branch blocks are recommended as a diagnostic tool prior to facet neurotomy. However, no more than one set of medial branch diagnostic blocks are recommended. Criteria for diagnostic blocks include: - One set of diagnostic medial branch blocks is required with a response of > 70%. - Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. - No more than facet joint levels are injected in one session (3 nerves). - IV sedation may negate the results of a diagnostic block and should only be given in cases of extreme anxiety. - Diagnostic blocks should not be performed in patients who have had a previous fusion at the planned injection level. In this case, the claimant does not meet the criteria for a facet joint injection (radiculopathy) and more than two levels are requested. Therefore, there is no documentation in the record for the medical necessity of the facet joint injections.

6 additional office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatment; Opioids Page(s): 11; 79; 89.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that patients on controlled substances should be seen monthly, quarterly, or semiannually as required by the standard of care (California, 1994). Elsewhere they state that there is no set visit frequency. It should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. They further recommend that the duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives. The Official Disability Guidelines (ODG) state that: "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." They further note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established.

90 Tizanidine HCL 4mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha₂-adrenergic agonist ant spasticity/antispasmodic muscle relaxant. Dosage recommended is 2-4 mg every eight hours up to a maximum of 36 mg per day. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. However, eight studies have shown efficacy of tizanidine for low back pain (Chou 2007). Other authors recommend tizanidine as a first-line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. The Official Disability Guidelines (ODG) also state that muscle relaxants are commonly used for treatment of low back problems. They also note that skeletal muscle spasm is not universally accepted as a cause of symptoms, and the most commonly used muscle relaxants have no peripheral effect on muscle spasm. However, the Guidelines do note that for low back pain, tizanidine has shown longer-term efficacy. Therefore, in this case, the Guidelines indicate there is medical necessity for ongoing treatment with tizanidine.