

<b>Case Number:</b>	CM13-0066289		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	04/16/2002
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Orthopedic Surgery, 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 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 claimant is a 66-year-old female who sustained an injury to the low back on April 16, 2002. According to the documentation provided for review, after the injury the claimant underwent an L5-S1 laminectomy and fusion in August of 2004 and postoperatively continued with conservative care. Subsequently, the claimant underwent a secondary surgery on August 15, 2011 for removal of hardware, discectomy at L4-5 and revision fusion process of L4 through S1. The postoperative course of care has included a rehabilitative program with therapy, medication management and activity restrictions while advancing function. A recent clinical assessment dated November 18, 2013 by [REDACTED] noted continued subjective complaints of low back pain status post the second operative fusion. Objectively, there was diminished range of motion with neurologic examination of decreased sensation in an L5 dermatomal distribution bilaterally. There were no recent imaging reports for review. The recommendation is for continuation of medication management to include Flexeril, and a request for both an MRI of the lumbar spine as well as CT scan of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF FLEXERIL (CYCLOBENZAPRINE HCI) 7.5MG 1 TAB BID PRN MUSCLE SPASMS #90 X 1 QUANTITY 45.00:** 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.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines do not support the continued use of Flexeril. The claimant is now 2 ½ years from the time of the second surgery to the lumbar spine. Muscle relaxants are only indicated as a secondary agent for acute symptomatic flare in the chronic setting. Records indicate chronic complaints of pain, but do not document that the claimant has a symptomatic flare or treatment. There is also no documentation that the claimant has been treated with other forms of first line modalities. The specific request for Flexeril at this stage in the clinical course would not be indicated.

**MAGNETIC RESONANCE IMAGING (MRI) FOR THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287,303.

**Decision rationale:** California American College of Occupational and Environmental Medicine (ACOEM) Guidelines do not support a Magnetic resonance imaging (MRI) scan of the lumbar spine. This individual is status post two prior fusions with no documentation of acute clinical findings or significant change in clinical symptoms that would necessitate the imaging. There is also no documentation of recent plain film radiographs to assess the claimant's fusion. Therefore, the request for a magnetic resonance imaging scan cannot be recommended as medically necessary.

**COMPUTED TOMOGRAPHY SCAN FOR THE LUMBAR SPINE:** 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)-- Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - CT (computed tomography).

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines are silent. Based upon the Official Disability Guideline criteria, a CT scan to the lumbar spine would not be indicated. While CT scans can be considered in the post fusion setting, it is done so once plain film radiographs are determined to be inconclusive or do not support osseous change. The acute need of a CT scan in absence of plain film radiographs at this chronic stage in the claimant's postoperative course of care cannot be recommended as medically necessary.