

<b>Case Number:</b>	CM13-0067394		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 41 year old male who had a work injury on 4/4/12. The patient is being treated for chronic lumbar, knee, neck pain and headaches. There are requests for 1 bilateral facet injection L5-S1 with IV sedation and flouroscopic guidance and for Cyclobenzaprine-Flexeril 7.5 mg #90. An 11/7/13 MRI of lumbar spine (not objective report but reported from physician documentation), performed on 4-05-13 reveals that at L5-S1, there is a broad-based disc bulge measuring approximately 2 or 3 mm with mild facet hypertrophy. There is no significant spinal stenosis or neural foraminal stenosis at any level of the lumbar spine. The office visit on 11/7/13 states that the patient presents with chronic low back and knee pain. The patient reports that he continues to have chronic low back pain. He has intermittent radiation of pain into his lower extremity. The patient states that since his first lumbar epidural steroid injection his pain has returned back to baseline. The patient also states that he has significant left knee pain. On physical exam the lumbar spine reveals tenderness to palpation over the lumbar L5-S1 facet joints with significant muscle tension. Range of motion of the lumbar spine was decreased by 20% with flexion and extension and decreased by 20% with rotation bilaterally. Pain was elicited with axial loading of the lumbar facet joints. The examination of the left knee reveals tenderness to palpation along the medial joint. The range of motion of the left knee was decreased by 20% with flexion but full with extension. There is mild crepitus and grinding was palpated with left knee range of motion. Anterior/posterior drawer test and lateral/medial collateral ligament stress tests and McMurray sign was negative. The treatment plan states that as patient today is complaining of more back pain than leg pain it was felt that the patient's pain may be facet mediated. A facet injection is requested. A 1/27/14 EMG/NCS revealed a normal electrodiagnostic study of bilateral lower limbs. There is an S1 lumbosacral radiculopathy which

has regenerated and there is no myopathy, and no polyneuropathy. A 1/17/14 office visits physical exam revealed a positive left seated slump test, positive left straight leg raise. The reflexes were 0/4 patellar and Achilles bilaterally. The strength was decreased in the left gastrocnemius, and EHL 4/5 on the left. The right lower extremity had 5/5 strength in all muscle groups. Straight leg raise is positive on the left. Slump test is positive on the left. The provider believes that patient requires a facet injection to see if this helps with his pain. A 1/27/14 office visits states that the patient has numbness and tingling in both legs.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 BILATERAL FACET INJECTION L5-S1 WITH IV SEDATION FLUOROSCOPIC GUIDANCE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic.

**Decision rationale:** A bilateral facet injection L5-S1 with IV sedation and flourosopic guidance is not medically necessary per the MTUS ACOEM and the ODG guidelines. The California MTUS states that quality literature does not exist for lumbar facet neurotomies and that these should only be done after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks . The ODG state that there should be no evidence of radicular pain on exam, evidence of spinal stenosis or prior fusion. There is no objective MRI findings as well (only physician documentation of the lumbar MRI). The patient had a NCS/EMG which did not reveal a peripheral polyneuropathy. The patient complains of numbness/tingling in the legs and the physical exam findings of a positive straight leg raise and slump test suggest radiculitis. The request therefore for 1 bilateral facet injection with IV sedation and flourosopic guidance is not medically necessary.

#### **CYCLOBENZABRINE - FLEXERIL 7.5 MG # 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Cyclobenzaprine Page(s): 64, 41-42.

**Decision rationale:** Cyclobenzaprine-Flexeril 7.5 mg #90 is not medically necessary per the California MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that this medication is used for short courses of therapy and this medication is not recommended to be used for longer than 2-3 weeks. From documentation submitted patient has been on this medication longer than the 2-3 week recommended period (since at least June of 2013) without

significant improvement in function or pain levels and therefore the continuation of this medication is not medically necessary. The request for Cyclobenzaprine-Flexeril 7.5 mg #90 is not medically necessary or appropriate.