

Case Number:	CM14-0001473		
Date Assigned:	04/04/2014	Date of Injury:	03/15/2004
Decision Date:	06/02/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, 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 patient is an employee of [REDACTED] and has submitted a claim for neck and back pain with an industrial injury date of March 15, 2004. Treatment to date has included medications including Ambien (since July 2012; dosage and frequency of administration was not indicated), physical therapy, epidural steroid injections, cervical medial branch blocks, mid back T10-12 RFAs, trigger point injections, cognitive therapy, biofeedback, and multilevel lumbar rhizotomies bilaterally. A utilization review from December 9, 2013 denied the request for bilateral lumbar medial branch blocks because of the presence of radiculopathy, and Amrix. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of steady constant aching neck pain, which was worse with extension and turning his head. He also had back pain, which radiated to the right buttock and posteriorly to the knee, rated 8/10. He also reported low back spasms, which was relieved by orphenadrine. Good results were reported from a TFESI and cervical RF and from Ultram ER 200. On physical examination, there was positive facet loading on the left C3, C4, and C5. Straight leg raising test was positive on the right side. There was decreased sensation in the right buttocks and lateral calf. An MRI of the lumbar spine, dated 04/15/2008, revealed severe L4-L5 and L5-S1 disc space narrowing and desiccation; L3-L4 desiccation; L2-L3 retrolisthesis; T12-L1 and L1-L2 desiccation and disc space narrowing. T12-L1 with minimal bulge; L1-L2 moderate spondylosis and bulging; L2-L3 bulging and endplate spurring asymmetrically a more prominent on the left with subarticular and foraminal narrowing worse on the left, L3-L4 with disc bulging, facet arthrosis and ligamentum flavum thickening resulting in subarticular and foraminal narrowing, L4-L5 lumbar spondylosis with right lateral endplate spurring; L5-S1 disc bulge and endplate spurring with facet arthrosis causing subarticular and foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR MEDIAL BRANCH BLOCKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Official Disability Guidelines (ODG) states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally and no more than 2 joint levels are injected in one session. In this case, physical examination findings showed radiculopathy symptoms, which is a contraindication to medial branch blocks. In addition, the request did not indicate the joint levels that are to be injected. There was also no discussion regarding the indication for the requested procedure. Therefore, the request is not medically necessary and appropriate.

AMRIX ER 15MG #30 X 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Guidelines, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Muscle relaxants Page(s): 63.

Decision rationale: According to page 63 of the MTUS Chronic Pain Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain, however, in most cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is also no additional benefit shown in combination with NSAIDs and efficacy appears to diminish over time. In this case, the patient has been on Amrix since July 2012 (22 months to date) but there has been no discussion regarding its indication for use and whether it has provided benefit in terms of pain control. In addition, prolonged use of medications in this class may lead to dependence. Therefore, the request is not medically necessary and appropriate.