

Case Number:	CM14-0007594		
Date Assigned:	02/07/2014	Date of Injury:	07/24/2013
Decision Date:	07/08/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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 and is licensed to practice in Texas. 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 injured worker is a 36 year old male who reported an injury on 07/24/2013. The mechanism of injury was not provided in the clinical documentation submitted. The injured worker underwent a lumbar MRI dated 08/07/2013, which revealed mild lumbar lordosis; mild to moderate facet arthropathy, and discogenic degenerative changes; L5-S1, there was a 3 mm right paracentral disc protrusion with subtle evidence of an annular distribution under disruption without definite neural encroachment. Within the clinical note dated 11/26/2013 the injured worker complained of low back pain which he rated 8/10 in severity. He reported pain radiated with numbness down right leg down to foot. The injured worker reported having 4 visits of physical therapy and ongoing chiropractic treatment. He has had 5 visits thus far. The injured worker reported chiropractic treatment and physical therapy had helped decrease the pain temporarily. Upon the physical exam, the provider noted the range of motion of the lumbar spine was decreased in all planes and limited by pain. The provider noted decreased sensation in the L5 dermatome on the right. The diagnoses included multilevel disc herniations of the lumbar spine with neural foraminal narrowing and lumbar radiculopathy. The provider requested for 1 transforaminal epidural injection on the right at L5-S1, and 1 prescription of Zanaflex 4 mg #30. However, a rationale was not provided for review in the clinical documentation. The request for authorization was provided and dated 11/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRANSFORAMINAL EPIDURAL STEROID INJECTION ON THE RIGHT AT L5 AND S1: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. The MTUS Chronic Pain Guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker should be initially unresponsive to conservative treatment including exercise, physical methods, NSAIDs, and muscle relaxants. The MTUS Chronic Pain Guidelines note no more than 2 nerve root levels should be injected using transforaminal blocks. The provider documented the injured worker underwent an MRI. However, there was lack of imaging studies submitted to corroborate the diagnosis of radiculopathy. The clinical documentation submitted indicated the injured worker to be currently undergoing physical therapy and chiropractic sessions which were reported to be helpful which does not meet the MTUS Chronic Pain Guidelines' recommendations of failure of conservative treatment. Therefore, the request is not medically necessary and appropriate.

1 PRESCRIPTION ZANAFLEX 4MG #30: Upheld

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): 63,64,66.

Decision rationale: The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The MTUS Chronic Pain Guidelines note Zanaflex is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. There is a lack of documentation indicating the injured worker to have muscle spasms. The injured worker had been utilizing the medication for an extended period of time since at least 11/26/2013 which exceeds the guideline recommendations for short-term use of 2 to 3 weeks. Additionally, the request as submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary and appropriate.