

Case Number:	CM14-0009013		
Date Assigned:	02/14/2014	Date of Injury:	06/27/2010
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/23/2014

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 & Rehabilitation 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 a 54 year-old female who was injured on 8/27/2010. She has been diagnosed with lumbar radiculopathy; lumbar facet arthropathy; s/p cervical fusion; chronic pain; right ankle pain; s/p left shoulder surgery with residuals. According to the 12/24/13 pain management report, from [REDACTED], the patient presents with low back pain that radiates to bilateral lower extremities. Exam apparently showed decreased sensation in both legs in L3-S1 dermatomes. The plan was to await authorization for the ESI and refill medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

L-5 - S1 TRANSFORAMINAL EPIDURAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: The current request for an ESI is at the L5/S1 area. The 4/20/12 MRI did not show foraminal narrowing or nerve root involvement at L3/4 or L4/5, and states there is a small right paracentral protrusion at L5/S1 without displacement of the right traversing S1 root or

spinal stenosis. The exam findings on 12/24/13 are vague. The patient is reported to have decreased sensation in both legs in L3-S1 distributions, which is essentially the whole legs. The exam findings are not consistent with the MRI findings which show no nerve root involvement L3-S1. The MTUS Chronic Pain Guidelines' criteria for ESI requires: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The request for an L5/S1 ESI is not in accordance with the MTUS Chronic Pain Guidelines. The request is therefore not medically necessary and appropriate.

TIZANIDINE 2MG ONE (1) QD #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 8-9 of 127.

Decision rationale: The medical records provided for review show the patient has been using Tizanidine since at least 2/27/13. There are no reports regarding the efficacy of the Tizanidine on the 2/27/13, 4/24/13, 6/18/13, 8/13/13, 10/1/13, 10/29/13, 11/15/13 or 12/24/13 medical records. MTUS Chronic Pain Guidelines on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." There is no reporting of functional improvement with the patient's use of Tizanidine. The request is therefore not medically necessary and appropriate.