MAXIMUS Federal Services

Case Number:	CM14-0016697		
Date Assigned:	04/11/2014	Date of Injury:	09/26/2003
Decision Date:	05/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 45 year old male who was injured on 09/26/2003 who sustained injury to the low back, neck and left shoulder blade while working as a heavy duty truck driver. Prior treatment history has included x-rays, physical therapy, chiropractic therapy and medications. Diagnostic Final Determination Letter for IMR Case Number [redacted] studies reviewed include MRI of the lumbar spine dated 09/24/2013. The study showed disc desiccation with a posterior annular fissure and mild circumferential disc protrusion at the L4-5 level without central canal or foraminal stenosis. There were no other abnormalities found at any other levels, except at the L5-S1 where there was mild disc space narrowing. The study was especially positive for degenerative disc disease at the L4 through S1 levels with mild disc space narrowing at the L5-S1 level. EMG/NCV dated 01/3/2014 reveals evidence of mild acute L5 radiculopathy on the left. On examination of the cervical spine the patient has muscle guarding with backward extension and left rotation of the cervical spine. He has muscle guarding and left posterolateral base of neck pain with right lateral bending of the cervical spine. Motor exam is intact 5/5 in the bilateral upper extremities. Sensation is intact to light touch, including pinwheel sharp-dull discrimination in the bilateral upper extremities. Deep tendon reflexes are symmetrical in both upper extremities, including biceps, triceps and brachioradialis reflexes. Examination of the lumbar spine revealed the patient has muscle guarding and left posterior superior iliac spine pain with right lateral bending of the lumbar spine and flexion. Straight leg raise test is mildly positive on the left for slight left buttock tension and negative on the right. Dorsiflexion of foot pain is negative on the left and right. Hamstring tightness is mildly positive on the left, negative on the right. Patrick's sign is negative on the left and right. FABER sign is mildly positive on the left for slight left buttock tension and negative on the right. Sensation is intact to light touch, including pinwheel sharp-dull discrimination in the bilateral lower extremities. Circulation is

intact in bilateral lower extremities. PR-2 dated 01/10/2014 documented the patient with complaints of ache, stiffness and cramping in the low back with severe pain and left side stiffness and pain in left scapula. EMG/NCV showing mild acute L5 radiculopathy on the left. MRI 09/24/2013 reveals disc desiccation at L4-L5. The diagnoses are cervical spine strain, left scapular strain and lumbosacral strain with left radicular pain. The treatment is continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIGGER POINT INJECTION ON LEFT SIDE OF LOWER BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: According to the California MTUS guidelines, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when several criteria have been met, which include: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing). The medical records provide no documentation of a circumscribed trigger point with evidence of palpation of a twitch response as well as referred pain. According to the Final Determination Letter for IMR Case Number [redacted] records, the 1/31/2014 EMG revealed mile acute left L5 radiculopathy. The guidelines state radiculopathy must not be present. In addition, review of the records does not demonstrate other medical management therapies including ongoing stretching exercises, physical therapy and judicious use of medications, had failed to control pain. Based on all of these factors, the patient is not a candidate for trigger point injections. Consequently, the request is not medically necessary.

FLEXERIL 7.5MG, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL); MUSCLE RELAXANTS Page(s): 41,63.

Decision rationale: The California MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain

and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Per California MTUS, Cyclobenzaprine (FlexerilÂ®, AmrixÂ®, Fexmidâ¿¢, generic available): is "Recommended for a short course of therapy." In this case, the medical records do not demonstrate clinical findings that establish Flexeril is indicated for this patient. The most recent progress reports, dated 3/21/2014, documents no change in subjective report, and does do not document any spasms on examination or evidence of exacerbation in the patient's complaints. The guidelines state that in most LBP cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Chronic or prolonged use of muscle relaxants is not recommended. The medical necessity of Flexeril has not been established.