

Case Number:	CM14-0112624		
Date Assigned:	08/01/2014	Date of Injury:	06/15/2012
Decision Date:	11/18/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 06/15/12 while working as a mechanic, he was lifting a cylinder head from a compressor and had right shoulder and lumbar spine pain. Treatments included medications, physical therapy, and injections. Lumbar spine surgery had been recommended with the claimant electing to continue with conservative care. In March 2014 a right transforaminal a right lumbar transforaminal epidural steroid injection was performed with a 50% improvement in back and right leg pain. In April 2014 he was having increased low back pain improved with ibuprofen. In June 2014 he was having back pain and recurrent right lower extremity radicular pain. Medications were continuing to control symptoms. He was seen on 08/13/14. He had ongoing pain control with his current treatments. He was not having any medication side effects. Medications were Neurontin 300 mg two times per day, Zanaflex 4 mg, and Norco 10/325 mg as needed. Physical examination findings included a slow, unsteady, and stooped gait. There was decreased lumbar spine range of motion with paraspinal muscle spasms and tenderness. Facet loading, right straight leg raising, and Fabere testing was positive. There was decreased right lower extremity strength. The assessment references an excellent response to the epidural injection. Norco and Neurontin had been prescribed and had helped significantly and the claimant was content with his current pain management regimen. Authorization for a repeat transforaminal epidural steroid injection was requested. Zanaflex was continued. Senna and Colace were prescribed for constipation. On 09/18/14 he was having constant right shoulder pain and constant lumbar pain radiating into the right lower extremity and left posterior thigh. He had right lower extremity numbness. Physical examination findings included diffuse lumbosacral tenderness with guarding and asymmetric lumbar spine range of motion. There was paraspinal

muscle spasm. He had decreased right shoulder strength and decreased right lower extremity sensation. There was positive right shoulder impingement testing and pain with range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L5 MB NB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections)

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for right shoulder and lumbar spine pain. Treatments have included a right transforaminal epidural steroid injection with 50% improvement in back and right leg pain. When seen by the requesting provider, there had been significant improvement after Neurontin and Norco had been prescribed and the claimant was content with his current pain management regimen. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has radicular symptoms affecting the right lower extremity with positive straight leg raising and decreased sensation and strength. There had been significant improvement with medications and the claimant was satisfied with his current pain management regimen. Therefore, the requested medial branch blocks are not medically necessary.

Continue Zanaflex 4MG q HS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXER Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for right shoulder and lumbar spine pain. Zanaflex is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. It is therefore not medically necessary.