

Case Number:	CM14-0118188		
Date Assigned:	08/06/2014	Date of Injury:	05/20/2009
Decision Date:	09/17/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/25/2014

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 is licensed to practice in Texas and Oklahoma. 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 59-year-old female with a reported date of injury on 05/20/2009. The mechanism of injury was noted to be secondary to a fall. Her diagnoses were noted to include status post left laminectomy, status post right rotator cuff repair, discogenic sciatic radiculopathy, mechanical low back pain syndrome, loss of motion segment integrity to the lumbar spine, and flexion antalgia. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress notes dated 05/14/2014 revealed the injured worker complained of knee, back, and neck pain. Her main complaint was severe back pain with left thigh and leg pain and numbness. The injured worker complained of pain at the lateral aspect of her left foot. The provider indicated the injured worker had a lumbar MRI done and it was reported she had L3-5 spinal stenosis, disc bulge at L5-S1. The injured worker indicated that she continued to have severe low back pain and leg pain. The physical examination revealed no evidence of lesions or redness, flexion of the back produced pain but not extension. There was a positive straight leg raise test and motor strength appeared adequate in the lower extremities. On the progress note dated 07/15/2014, the provider indicated the physical examination findings demonstrated radiculopathy including motor, sensory and reflex changes. The provider indicated the injured worker's clinical condition had been unresponsive to conservative treatment including therapeutic exercises, activity modifications, and office based treatment as well as NSAIDs and muscle relaxants. The provider indicated the injured worker's clinical conditions satisfy the criteria for a lumbar epidural steroid injection at the L5-S1 level of the lumbar spine on the left. The request for authorization form dated 07/02/2014 was for a lumbar selective epidural with fluoroscopy and anesthesia for lumbar radiculopathy. The request for authorization form for 30 Flexeril 10mg was not submitted within the medical records. The

request was for 30 Flexeril 10mg; however, the provider's rationale was not submitted within the medical records. The request for authorization form dated 07/02/2014 was for 1 second lumbar selective epidural with fluoroscopy and anesthesia for back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Flexeril 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

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

Decision rationale: The request for 30 Flexeril 10mg is not medically necessary. The injured worker complained of knee, back, left foot, and neck pain. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and decreasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish overtime and prolonged use of some medications in this class may lead to dependence. There is a lack of clinical findings consistent with muscle spasms to warrant Flexeril. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for 30 Flexeril 10mg is not medically necessary.

Second Lumbar Selective Epidural w Fluoroscopy and Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Chronic-Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The request for a Second Lumbar Selective Epidural with Fluoroscopy and Anesthesia is not medically necessary. The injured worker had a previous epidural injection in 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend Epidural Steroid Injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker must be initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDs and muscle relaxants. The injections should be performed using fluoroscopy for guidance. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1

interlaminar level should be injected at 1 session. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation provided indicated the injured worker had a lumbar selective epidural 10/14/2013; however, it ended on her way home and the injured worker reported she had neck and back pain. The physical examination of the lumbar spine revealed a positive straight leg raise, full motor strength, and Patrick's test was negative. There is a lack of documentation showing significant neurological deficits that show decreased motor strength or sensation in a specific dermatomal distribution. . The documentation provided did not indicate efficacy of the previous epidural steroid injection. Additionally, the request failed to provide the levels at which the epidural is to be injected; therefore, the request is not medically necessary.