

Case Number:	CM14-0127369		
Date Assigned:	08/15/2014	Date of Injury:	11/25/2002
Decision Date:	09/15/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 Nevada. 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 records presented for review indicate that this 60-year-old gentleman was reportedly injured on November 25, 2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 8, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated July 8, 2014, demonstrated a mild antalgic gait. There was tenderness throughout the cervical thoracic, and lumbar paraspinal muscles as well as facet joints. There was decreased lumbar spine range of motion in all directions. Motor strength was rated at 4/5 at the bilateral lower extremities. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes the use of a tens unit, home exercise, cervical facet medial branch blocks, a lumbar spine rhizotomy, and a C5 - C6 fusion. A request had been made for a therapeutic rhizotomy at the bilateral C5 - C6 and C6 - C7 levels any prescription for Norflex and was not certified in the pre-authorization process on July 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 therapeutic rhizotomy to the bilateral C5/6 and C6/7 between 7/8/2014 and 8/27/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Low Back-Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Radiofrequency Neurotomy, Updated August 4, 2014.

Decision rationale: While the injured worker has had a good response from a previous medial branch block the medical record indicates that there has been a previous fusion performed at the C5 - C6 level therefore it is unclear why there is a request for a rhizotomy at this level. Considering this, the request for a therapeutic rhizotomy for the bilateral C5 - C6 and C6 - C7 levels is not medically necessary.

1 Prescription of Norflex ER (Orphenadrine Citrate) 100mg #60 between 7/8/2014 and 9/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain).

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

Decision rationale: Norflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Norflex is not medically necessary.