

Case Number:	CM14-0127878		
Date Assigned:	08/15/2014	Date of Injury:	01/13/2013
Decision Date:	09/22/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 56 year old female injured on 01/13/13 due to undisclosed mechanism of injury. Diagnoses included chronic pain, arthropathy of thoracic facet joint, and left lumbosacral radiculitis. Clinical note dated 05/29/14 indicated the injured worker presented complaining of bilateral low back pain radiating to left L5 distribution with numbness and tingling in the left lower extremity. The injured worker reported pain rated 4-7/10 aggravated by lumbar flexion/extension, sitting, standing, and walking. MRI of the lumbar spine on 08/28/13 revealed multilevel degenerative disc disease, mild posterior broad based annular bulge without evidence of central stenosis or neural foraminal compromise, and fluid signal within the right L5-S1 facet joint. Official report was not provided for review. MRI of the thoracic spine dated 02/22/13 revealed mild intervertebral disc space narrowing and mild dextroscoliosis with apex at the mid thoracic spine. Physical examination revealed mild clonus absent throughout, sensation to light touch and pin prick intact throughout, gait normal, posture normal, tenderness over paraspinal muscles overlying facet joints to bilateral lumbar spine, trigger points over lower lumbar paraspinal musculature, 2+ muscle spasm over lumbar paraspinal musculature, lumbar range of motion normal, positive straight leg raise in seated position on the left at 30 degrees. Medications included gabapentin, meloxicam, Fiorinal, and valium. The injured worker underwent epidural steroid injection in 04/14 without benefit to low back symptoms and subsequent increase in lower leg extremity symptomology. The initial request for baclofen 10mg #10 and bilateral L3, 4, 5 diagnostic medial branch nerve block was non-certified on 07/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #10: Upheld

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

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

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As such, the medical necessity of Baclofen 10mg #10 cannot be established at this time.

Bilateral L3, 4, 5 Diagnostic Medial Branch Nerve Block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines - TWC - Medical Branch Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the ACOEM Low Back Disorders section, diagnostic facet injections are not recommended for acute or subacute LBP or radicular pain syndromes. The injured worker exhibits objective findings significant for radicular pathology to include numbness and tingling to the left lower extremity and positive straight leg raise. Additionally, an official MRI report was not provided for review. As such, the request for Bilateral L3, 4, 5 Diagnostic Medial Branch Nerve Block cannot be recommended as medically necessary at this time.