

<b>Case Number:</b>	CM14-0144507		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/24/2008
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Occupational Medicine 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:

This is a 44 year old male with a 1/24/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 8/19/14 noted subjective complaints of back and shoulder pain. Objective findings included diffuse paraspinal tenderness. 3/17/14 progress report notes back pain with numbness and tingling to both legs. Diagnostic Impression: bilateral facet joint pain, bilateral shoulder pain. Treatment to Date: medication management, physical therapy, acupuncture, TENS. A UR decision dated 8/27/14 denied the request for 1 fluoroscopically guided diagnostic bilateral T10-11, T12-L1 facet joint medial branch block. Clinical presentation does not appear consistent and does not meet guideline criteria. It also denied 1 prescription of Robaxin 750 mg #90. The patient does not have any subjective or objective findings indicating acute thoracic/lumbar spine spasticity, nor is there evidence of an acute exacerbation of the patient's chronic back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Fluoroscopically Guided Diagnostic Bilateral T10-11, T12-L1 Facet Joint Medial Branch 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, Low Back-Lumbar & Thoracic (Acute & Chronic)

**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 chapter - medial branch blocks

**Decision rationale:** CA MTUS does not specifically address medial branch blocks. ODG states that medial branch blocks are not recommended except as a diagnostic tool for patients with non-radicular low back pain limited to no more than two levels bilaterally; conservative treatment prior to the procedure for at least 4-6 weeks; and no more than 2 joint levels are injected in one session. However, in the documents available for review, there is no clear documentation of failure of conservative management for at least 4-6 weeks. Therefore, the request for 1 fluoroscopically guided diagnostic bilateral T10-11, T12-1 facet joint medial branch block was not medically necessary.

**1 Prescription of robaxin 750mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, given a 2008 original date of injury, it is unclear how long the patient has been taking Robaxin. Guidelines do not recommend chronic use of muscle relaxants due to diminished efficacy and risk of dependence. There is no clear documentation of objective benefit derived from the use of Robaxin. Therefore, the request for Robaxin 750 mg #90 was not medically necessary.