

Case Number:	CM14-0147002		
Date Assigned:	09/15/2014	Date of Injury:	12/06/1984
Decision Date:	11/18/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/10/2014

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 Preventive 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:

According to the records made available for review, this is a 60-year-old male with a 12/6/84 date of injury. At the time (9/1/14) of request for authorization for Flexeril 10mg #90 and right lumbar 3, 4, 5 Neurolysis, there is documentation of subjective (chronic low back pain with spasms) and objective (decreased lumbar range of motion with tenderness to palpation over the lumbar facet joints) findings, current diagnoses (lumbar spondylosis, lumbar disc degeneration, and lumbar radiculopathy), and treatment to date (bilateral L2, L3, L4 and L5 lumbar medial branch block from on 6/6/14 with decrease in VAS score from 5/10 to 2/10; ongoing therapy with Flexeril since at least 12/22/12 with pain reduction and increase in activities of daily living; physical modalities, and activity modification). Regarding Flexeril 10mg #90, there is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment. Regarding right lumbar 3, 4, 5 Neurolysis, there is no documentation of a response of 70% following lumbar medial branch block and no more than two joint levels will be performed at one time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #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 Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis, lumbar disc degeneration, and lumbar radiculopathy. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of ongoing treatment with Flexeril with pain reduction and increase in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Flexeril. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Flexeril since at least 12/22/12, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #90 is not medically necessary.

Right Lumbar 3, 4, 5 Neurolysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint radiofrequency neurotomy

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. ODG identifies documentation of at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time (if different regions require neural blockade, these should be performed at intervals of no sooner than one week), and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy as criteria necessary to support the medical necessity of facet neurotomy. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis, lumbar disc degeneration, and lumbar radiculopathy. In addition, there is documentation of at least one set of diagnostic medial branch blocks (bilateral L2, L3, L4 and L5 lumbar medial branch block) and evidence of a formal plan of additional evidence-based conservative care (physical modalities) in addition to facet joint therapy. However, despite

documentation of decrease in VAS pain score from 5/10 to 2/10 with lumbar medial branch block, there is no documentation of a response of 70% following lumbar medial branch block. In addition, given documentation of a request for right lumbar 3, 4, 5 Neurolysis, there is no (clear) documentation of no more than two joint levels will be performed at one time. Therefore, based on guidelines and a review of the evidence, the request for right lumbar 3, 4, 5 Neurolysis is not medically necessary.