

Case Number:	CM14-0168142		
Date Assigned:	10/15/2014	Date of Injury:	06/27/2001
Decision Date:	12/02/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/13/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 64 years old female with an injury date on 06/27/2001. Based on the 09/05/2014 progress report provided by [REDACTED], the diagnoses are: 1. Mild annular bulge of the L4-5 intervertebral disc with a small right foraminal protrusion and marginal osteophyte. 2. Mild annular bulge of the L3-4 and L5-S1 intervertebral disc. 3. No central canal stenosis or exiting nerve root compression. According to this report, the patient complains of ongoing 8-9/10 back pain and left lower extremity pain. The pain is describes as cramping and burning, exacerbated by activities and walking. "Lumbar MRI shows retrolisthesis of L2 on L3 with facet arthropathy. Facet are also enlarged at L3-L4 and L4-L5 with mild bil foraminal narrowing and facet arthropathy of L5-S1 as well." MRI report was not included in the file for review. The 05/23/2014 report reveals positive facet loading test at T7, T8, and lumbar spine; and straight leg raise bilaterally. Decreased sensation is noted over the left L5 and S1 distribution. "Patient's treatment included ESI's with sustained relief, last many years ago, PT with some benefit," knee arthroscopy, Synvisc injections and back brace. There were no other significant findings noted on this report. The utilization review denied the request on 09/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/08/2014 to 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #90, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; (for pain) Page(s): 64; 63.

Decision rationale: According to the 09/05/2014 report by treating physician this patient presents with ongoing 8-9/10 back pain and left lower extremity pain. The treating physician is requesting Baclofen 10mg #90 2 refills. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treating physician is requesting Baclofen #90 with 2 refills; Baclofen is not recommended for long term use. The treating physician does not mention that this is for a short-term use. The request is not medically necessary.

Left L4 and L5 Medial Branch Block x 1: 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, Facet Joint Diagnostic Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter under lumbar support

Decision rationale: According to the 09/05/2014 report by treating physician this patient presents with ongoing 8-9/10 back pain and left lower extremity pain. The treating physician is requesting purchase of a Lumbar brace. The ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines regarding lumbar supports states "not recommended for prevention", however, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific lower back pain (very low quality evidence but may be a conservative option)." In this case, the patient does not present with fracture, instability or spondylolisthesis to warrant lumbar bracing. The patient does have non-specific low back pain but this has very low-quality evidence. Given the lack of support from the guidelines, the request is not medically necessary.

Lumbar Brace, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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 under Facet joint diagnostic blocks (injections) and Facet joint medial branch blocks (therapeutic injections)

Decision rationale: According to the 09/05/2014 report by treating physician this patient presents with ongoing 8-9/10 back pain and left lower extremity pain. The treating physician is requesting left L4 and L5 medial branch block x 1. Regarding medial branch blocks, MTUS does not address it, but ODG low back chapter recommends it for "low-back pain that is non-radicular and at no more than two levels bilaterally." Review of the reports do not show any evidence of prior MBB being done. Physical exam shows no indicate the patient has paravertebral facet tenderness. However, the exam show positive straight leg raise and decreased sensation of left L5 and S1 distribution. Therefore, the requested MBB is not in accordance with the ODG Guidelines at this time. The request is not medically necessary.

BBHI-2 (Brief Battery Health Improvement) Assessment to be done in office: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <http://www.pearsonclinical.com/psychology/products/100000162/brief-battery-for-health-improvement>.

Decision rationale: According to the 09/05/2014 report by the treating physician, this patient presents with ongoing 8-9/10 back pain and left lower extremity pain. The treating physician is requesting BBHI 2 to be done in office. BBHI 2 is a "Brief assessment of validity, physical symptoms, psychological, character, environment, and social factors that can impact response to normal course of treatment and recovery of patients being treated for pain and injury." There is no current available documentation to establish the medical necessary for this assessment as a separate procedure. Per MTUS guidelines, the treating physician must monitor the patient and provide appropriate treatment recommendations. Therefore, the request is not medically necessary.

Left T7 TFESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding ESI's, under its chronic pain section Page(s): 46, 47.

Decision rationale: According to the 09/05/2014 report by treating physician, this patient presents with ongoing 8-9/10 back pain and left lower extremity pain. The treating physician is requesting a left T7 TFESI. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or

electrodiagnostic testing. "Review of reports do not show any evidence of prior epidural steroid injections. In this case, the report shows the patient has "ongoing thoracic and low back pain with positive facet loading and new radicular symptoms in T7/T8 distribution." Furthermore, the treating physician does not discuss MRI or other imaging studies that would corroborate the patient's symptoms. Without an imaging study corroboration, radiculopathy cannot be verified. Therefore, the request is not medically necessary.

X-rays of the lumbar spine, flexion/extension: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 under Radiography

Decision rationale: According to the 09/05/2014 report by treating physician this patient presents with ongoing 8-9/10 back pain and left lower extremity pain. The treating physician is requesting X-ray of the lumbar spine flexion / extension. Regarding flexion/extension X-ray, ODG supports it for potential segmental instability and evaluation of spondylolisthesis. This patient's recent MRI showed retrolisthesis, therefore the request is medically necessary.