

Case Number:	CM14-0179941		
Date Assigned:	11/04/2014	Date of Injury:	03/03/1981
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 Orthopedic Spine Surgeon 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 69-year-old female who reported an injury on 03/03/1981. The mechanism of injury was not submitted for clinical review. The diagnoses included sacroiliitis, postlaminectomy syndrome of the lumbar spine, myospasm, and depressive disorders. The previous treatments included medication, facet injections, trigger point injections, Botox, physical therapy, ice treatment, TENS unit, and chiropractic treatment. The diagnostic testing included a magnetic resonance imaging (MRI). Within the clinical note dated 09/16/2014, it was reported the injured worker complained of pain in the cervical spine rated 4/10 in severity. She complains of pain in the bilateral shoulders rated 4/10 in severity. The injured worker complained of thoracic spine pain rated 3/10 in severity. She complained of lumbar spine pain described as aching. Upon the physical examination, the provider noted the injured worker had tenderness to palpation over the right paravertebral thoracic spasm, left paravertebral thoracic spasm, right paravertebral lumbar spasm, left paravertebral lumbar spasm, right thoracolumbar spasm, left thoracolumbar spasm, and right sacroiliac joint, right lumbosacral region. The injured worker had a negative straight leg raise in the seated position. There was a positive faber's test on the right. The injured worker had lower left extremity swelling. The provider recommended the injured worker to continue medication and conservative care. A request was submitted for facet median branch lumbar of the right 3, right 4, and right 5. However, the rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient facet block median branch lumbar Right 3, Right 4, Right 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint medial branch block.

Decision rationale: The request for outpatient facet block median branch lumbar right 3, right 4, and right 5 is not medically necessary. The California MTUS/ACOEM Guidelines note facet injections are not recommended. There is limited research based evidence of patients with low back complaints. In addition, the Official Disability Guidelines do not recommend facet joint medial branch blocks except as a diagnostic tool. The guidelines note that there is minimal evidence for treatment. The clinical documentation submitted indicated the injured worker had tenderness to palpation of the paravertebral areas and normal sensory exam. However, the guidelines do not recommend the use of facet median branch blocks of the lumbar spine. In addition, the request submitted exceeds the guidelines recommendations of no more than 2 joint levels to be injected at 1 time. The injured worker has previously undergone a facet injection. However, the efficacy of the injection was not submitted for clinical review. Therefore, the request is not medically necessary.

Pharmacy Purchase of Flexeril 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for pharmacy purchase of flexeril 10mg #30 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note that medication is not recommended to be used to longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidence based significant functional improvement. The report submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.