

Case Number:	CM14-0031579		
Date Assigned:	06/25/2014	Date of Injury:	11/04/2010
Decision Date:	10/13/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/12/2014

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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 4, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; muscle relaxants; and trigger point injections. In a Utilization Review Report dated February 12, 2014, the claims administrator partially certified/conditionally certified a request for four trigger point injections apparently performed on January 15, 2014, denied a request for Flexeril, and denied a request for multilevel lumbar medial branch blocks. The applicant's attorney subsequently appealed. The claim administrator seemingly based its denial on a January 15, 2014, progress note and January 29, 2014, appeal letter. These documents, however, were not incorporated into the independent medical review (IMR) medical evidence log. In April 10, 2014, psychiatric medical-legal evaluation, the applicant was described as having "fairly good functionality" in terms of functioning for retired applicant with heart trouble. The applicant was given GAF score of 64, it was suggested, owing to issues with mild anxiety disorder. The independent medical review cover letter did acknowledge that the applicant's primary reported diagnosis was lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are "not recommended" for radicular pain. In this case, the admittedly limited information on file, namely the independent medical review application, does suggest that the applicant has ongoing lumbar radiculopathy as the primary operating diagnosis. Trigger point injections are not indicated in the treatment of the same. Therefore, the request was not medically necessary.

Flexeril 7.5mg: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine or Flexeril is recommended as "short course of therapy." In this case, again, the admittedly limited information on file suggested that the attending provider and/or applicant were intent on using cyclobenzaprine for chronic, long-term, and scheduled use purposes some three and a half to four years removed from the date of the injury. This is not an appropriate usage of Flexeril, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

L3-S1 Medical Branch Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Medial Branch Block

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 309, Table 12-8.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, page 300 does acknowledge some limited role for differential dorsal ramus medial branch diagnostic blocks as precursor to subsequent pursuit of facet neurotomy procedures, the overall ACOEM position on facet joints injections, which the proposed medial branch blocks are a subset, in Chapter 12, table 12-8, page 309, is "not recommended." In this case, there is, furthermore, a considerable lack of diagnostic clarity as the applicant has been diagnosed of lumbar radiculopathy and myofascial pain syndrome in addition to possible facetogenic low back pain. While it is acknowledged that the request for authorization form and

appeal letter on which the request in question was initiated were incorporated into the independent medical review packet by the claim administrator, the information that is on file, however, fails to substantiate or support the request. Accordingly, the request is not medically necessary.