

Case Number:	CM14-0047751		
Date Assigned:	09/12/2014	Date of Injury:	12/07/2005
Decision Date:	10/10/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/28/2014

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 Geriatrics and is licensed to practice in New York. 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 53 year old man with a date of injury of 12/7/05. He was seen by his pain physician on 2/13/14 with complaints of neck pain and low back pain with radiation to the upper and lower extremities respectively. He is status post epidural steroid injection on 6/13/13 bilaterally at L4-S1 with 50-80% improvement. His cervical exam showed spasm in the trapezius muscles and spinal tenderness C4-7 with myofascial trigger points in the bilateral trapezius muscles. He was tender in the thoracic paravertebral region bilaterally and in the lumbar L3-S1 areas. He had moderately limited lumbar range of motion due to pain and he had trigger points bilaterally in paraspinal muscles with decreased sensation to touch in a stocking glove distribution on the right foot. Electromyography (EMG) from 2012 showed mild chronic right L5 radiculopathy. He underwent trigger point injections. His diagnoses included cervical radiculopathy and lumbar: disc displacement, facet arthropathy, spinal stenosis and radiculopathy. At issue in this review is the request for a lumbar epidural steroid injection and the prescription of Tizanidine. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 - S1 Transforaminal Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (ESI) Transforaminal Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: Epidural spine injections are recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Though the EMG from 2012 suggested mild L5 chronic radiculopathy, the physical exam does suggest any red flags. The worker does not meet the criteria as there is not clear evidence in the records that he has failed conservative treatment with exercises, physical methods, trigger point injections and medications. The medical necessity for a second epidural injection (in question here) is not substantiated; therefore, the request for a Bilateral L4 - S1 Transforaminal Epidural Steroid Injections is not medically necessary.

Tizanidine 4mg #60: Upheld

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

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

Decision rationale: Zanaflex or Tizanidine is a muscle relaxant used in the management of spasticity. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 2/14 fails to document any significant improvement in pain, functional status or side effects to ongoing use. The medical necessity for Tizanidine 4mg #60 is not supported in the records; therefore, the request is not medically necessary.