

Case Number:	CM14-0081234		
Date Assigned:	07/18/2014	Date of Injury:	06/07/2004
Decision Date:	09/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 Medicine and Rehabilitation and Pain Medicine, 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 45-year-old male who reported an injury on 06/07/2004. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar disc with radiculitis, degeneration of the lumbar disc, and low back pain. Previous treatments included medication, an epidural steroid injection, and a sacroiliac joint injection on 08/12/2013. The diagnostic testing included an MRI and an EMG/NCV. Within the clinical note dated 05/16/2014, it was reported the injured worker complained of right lower extremity pain. The injured worker reported having a sacroiliac joint injection on 08/23/2013, which he had 80% improvement. Upon the physical examination, the provider noted the injured worker's lumbar range of motion was limited in flexion and extension. The injured worker's motor strength was 5/5 in the bilateral lower extremities. The provider noted the injured worker's sensation was normal to light touch, pinprick, and temperature along all dermatomes in the bilateral lower extremities. The injured worker had a mildly positive straight leg raise. The provider documented the injured worker had a positive Patrick's/Gaenslen's test. The provider requested for Cyclobenzaprine, and sacroiliac joint injections for low back pain. The Request for Authorization was submitted and dated 05/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine, 7.5mg tablet 1 -2 tablets at bedtime as needed (unspecified quantity).:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain, Flexeril; Opioids, Hydrocodone; NSAIDS, Omeprazole Page(s): 64-66.

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

Decision rationale: The MTUS Guidelines recommend non-sedating 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 the medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been utilizing the medication for an extended period of time since at least 01/2014, which exceeds the Guideline recommendations of short-term use of 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the quantity of the medication. Therefore, the request is not medically necessary.

Sacroiliac joint injection, bilaterally X1.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 191. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007, Hip-SI joint block.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip/Pelvis.

Decision rationale: The Official Disability Guidelines recommend sacroiliac joint injections as an option if the injured worker has failed at least 4 to 6 weeks of aggressive conservative therapy. The history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings of specific tests for motion, palpation, and pain provocation has been described for sacroiliac joint dysfunction including a cranial shear test, extension test, flamingo test, Fortin's finger test, and/or Patrick's test. The Guidelines diagnostic evaluation must first be addressed by any other possible pain generators. There is a lack of documentation indicating the injured worker tried and failed at least 4 to 6 weeks of aggressive conservative therapy. There is a lack of documentation of at least 3 positive exam findings of the tests listed above. As such, the request is not medically necessary and appropriate.