

<b>Case Number:</b>	CM14-0091136		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 patient is a 37-year-old who was injured on January 25, 2013. The mechanism of injury is unknown. His medication history included Effexor ER 75mg, Norco, naproxen, Flexeril and amitriptyline. Diagnostic studies reviewed include X-ray of the thoracic spine dated April 19, 2013 revealed compression fracture deformity of L2; no significant change from CT lumbar spine on January 25, 2013 and no additional compression fracture deformities were seen. Progress report dated May 7, 2014 indicates the patient presented with complaints of low back pain with associated right leg numbness. The patient states that his low back pain is worsening. He complained of worsening right leg numbness and aching pain. He feels that the medications help but only offers 2-3 hours of relief and improved functional ability. The patient describes a stabbing pain in his lower back with a constant ache in his lumbosacral area. His pain level without medications is 6/10 and with medication is a 2/10 in intensity. The pain becomes better with rest, medication and walking. The pain is worse with laying down at night, drinking cold water, cold weather, bending and lifting. Objective finding during lumbar spine examination revealed patient has T12, L1, and L2 tenderness to palpation with significant paraspinals tightness and muscle spasms. Sciatic notches are painful and tender. Range of motion of the lumbar spine revealed flexion is from fingertips to knees; Extension is to 0 degrees with pain; Lateral flexion is fingertips to the upper thigh with pain bilaterally; Rotation bilaterally is 10 degrees with pain. His strength is a 5-/5 on the right and a 5/5 on the lower extremity. Sensation is decreased in his right quad along the L2-3 dermatome and reflexes patellar on the right is 2 and on the left is a 2+. His Achilles reflex on the right is a 1 and on the left is a 1+; Babinski's sign is negative. He has positive Patrick's sign and Gaenslen's maneuver bilaterally. He has a positive straight leg raise bilaterally in seated position. There is trigger point tenderness at the L2,L3,L4,L5 and S1 levels. The patient was diagnosed with lumbar strain, lumbar radicular pain,

lumbar facet joint pain, lumbar degenerative disc diseases, lumbar diskogenic pain syndrome, low back pain, numbness, myalgia, and chronic pain syndrome. Prior utilization review dated September 2, 2014 states the requests for lumbar epidural steroid injection under fluoroscopic guidance and conscious sedation and the request for Flexeril 10mg #90 are denied as the medical necessity has not been established.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar epidural steroid injection under fluoroscopic guidance and conscious sedation:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, epidural steroid injections.

**Decision rationale:** According to MTUS and ODG guidelines, lumbar epidural steroid injection may be recommended for patients with symptoms of radiculopathy corroborated by examination and diagnostics. In this case a request is made for lumbar epidural steroid injection, level not specified, for a 36-year-old with chronic low back pain status fall on January 25, 2013 with L2 compression fracture. Medical records are conflicting with regard to complaints and examination findings. There is a clinic report of lower extremity symptoms with neurologic findings and a subsequent physical therapy report of no lower extremity symptoms or neurologic findings. CT scan on January 25, 2013 does not show nerve root compromise. Medical necessity is not established. History and examination do not clearly indicate radiculopathy. Radiculopathy is not corroborated by diagnostics. Injection level is not specified. Therefore, the request for Lumbar epidural steroid injection under fluoroscopic guidance and conscious sedation is not medically necessary or appropriate.

**Flexeril 10 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

**Decision rationale:** According to MTUS guidelines, muscle relaxants are recommended for short-term treatment of acute exacerbations of chronic low back pain. However, in this case, the patient is prescribed Flexeril on a long-term basis for chronic, worsening low back pain without evident functional improvement. History and examination findings do not support an exception to guideline recommendations. Therefore, the request for Flexeril 10 mg, ninety count, is not medically necessary or appropriate.

