

Case Number:	CM14-0191276		
Date Assigned:	11/25/2014	Date of Injury:	05/03/1994
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/17/2014

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 & Rehabilitation 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 58 year old female with date of injury 05/03/94. The treating physician report dated 05/09/14 indicates that the patient presents with pain affecting her lower back, left hip, and both legs. The physical examination findings reveal tenderness to the lumbar spine and decreased range of motion (ROM). The patient has been to an emergency room because of her pain. Prior treatment history includes lumbar ESI, home exercise program, and medication. The patient rates their pain as 7-10/10. MRI findings reveal L2-3 mild disc bulge and L3-4 mild disc bulge. The current diagnoses are: Anxiety; chronic low back pain; lumbar post laminectomy syndrome; and Depressive Disorder. The utilization review report dated 10/22/14 denied the request for Cyclobenzaprine 10mg #180 based on continued use of treatment has not met the guidelines; and lumbar medial branch block left L2, L3 and Lumbar medial branch block, right L3, L4 based on guidelines not being met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with pain affecting her lower back, left hip, and both legs. The current request is for Cyclobenzaprine 10mg #180. The treating physician's report dated 05/09/14 (7) states, "Medication effect reported by the patient reveals 30 percent decrease in pain and spasm. Adverse side effects reported by the patient none." MTUS guidelines state, "Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." In this case, the treating physician has previously prescribed Cyclobenzaprine and is now recommending continuation of this medication which is only supported for short-term usage. Therefore, this request is not medically necessary.

Lumbar medial branch block, left L2, L3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Low Back Chapter, Facet Joint Medial Branch Blocks

Decision rationale: The patient presents with pain affecting her lower back, left hip, and both legs. The current request is for lumbar medial branch block, left L2, L3. The treating physician's report dated 10/01/14 (93) states, "I do not appreciate any significant radiculopathy on her current clinical examination. Leg pain occurs intermittently when her back is more symptomatic. She does have a feeling of weakness in her legs when they are symptomatic. On neurological examination of the lower extremities there is decreased sensation to light touch and pinwheel over the lateral aspect of the left foot. Deep tendon reflexes in the knees and ankles are 1+ bilaterally." The MTUS guidelines do not discuss medial branch blocks. The Official Disability Guidelines (ODG) states regarding medial branch block (MBB), there should be no evidence of radicular pain, spinal stenosis, or previous fusion. In this case, the treating physician has documented radicular complaints and the objective testing suspicious for radiculopathy; however, the conclusion is that there is no radiculopathy. Therefore, this request is medically necessary.

Lumbar medial branch block, right L3, L4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Low Back Chapter, Facet Joint Medial Branch Blocks

Decision rationale: The patient presents with pain affecting her lower back, left hip, and both legs. The current request is for lumbar medial branch block, right L2, L3. The treating physician's report dated 10/01/14 states, "I do not appreciate any significant radiculopathy on her current clinical examination. Leg pain occurs intermittently when her back is more symptomatic. She does have a feeling of weakness in her legs when they are symptomatic. On neurological examination of the lower extremities there is decreased sensation to light touch and pinwheel over the lateral aspect of the left foot. Deep tendon reflexes in the knees and ankles are 1+ bilaterally." The MTUS guidelines do not discuss medial branch blocks. The Official Disability Guidelines (ODG) states regarding medial branch block (MBB), there should be no evidence of radicular pain, spinal stenosis, or previous fusion. In this case, the treating physician has documented radicular complaints and the objective testing suspicious for radiculopathy; however, the conclusion is that there is no radiculopathy. Therefore, this request is medically necessary.