

Case Number:	CM14-0208017		
Date Assigned:	12/22/2014	Date of Injury:	02/24/2004
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old male who was injured on 11/24/2014. The diagnoses are lumbar spondylosis, lumbar stenosis, post laminectomy lumbar syndrome, lumbar radiculopathy and low back pain. The patient completed PT, chiropractic treatments, TENS use and massage. The past surgery history is significant for lumbar laminectomy in 2010 and L4-5 disc replacement, L5-S2 fusion in 2014. The 2014 MRI of the lumbar spine showed multilevel degenerative disc disease, facet arthropathy and neural foraminal narrowing. On 9/29/2014, there was subjective complaints of low back pain radiating to the lower extremities associated with burning and pins/needles sensations. The pain score was rated at 4-5/10 on a scale of 0 to 10 but increases to 8/10 with activities. There were objective findings of decreased sensation along the right L5, S1 dermatomes, tenderness of lumbar paraspinal muscles and right sacroiliac joint. The straight leg raising test and FABERE tests was reported as negative. On 11/5/2014, [REDACTED] noted positive straight raising tests. A chronic L4-L5 radiculopathy was confirmed by EMG. There was a request to a new CT of the lumbar spine. On 12/15/2014, [REDACTED] noted that the patient reported less muscle spasm since he started taking Skelaxin. The medications listed are gabapentin, Percocet, Senokot and Valium. The use of Percocet was associated with constipation. A Utilization Review determination was rendered on 11/24/2014 recommending non certification for bilateral L4-S1 facet joint injections and Valium 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 bilateral L4-S1 facet joint injections versus medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Lumbar & Thoracic)(Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back. Facet Blocks.

Decision rationale: The CA MTUS and the ODG guidelines recommend that facet injections or median branch blocks can be utilized for the treatment of low back pain in patients who have failed conservative treatments with medications and PT when radiculopathy have been excluded. The records indicate that the patient had subjective, objective, EMG and radiological findings consistent with lumbar radiculopathy as well as a history of lumbar spine fusion. The records indicate that a further CT evaluation of the lumbar spine is planned. There was a pending recommendation for treatments by behavioral health specialists. The criteria for bilateral L4-L5, L5-S1 facet injection/ median branch blocks was not met.

Valium 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines for muscle relaxation be limited to short term periods during exacerbation of severe musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants and benzodiazepines is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient is utilizing Skelaxin for muscle spasm. The patient reported better relief of muscle spasm with the use of Skelaxin. The criteria for the use of Valium 5mg #60 was not met.