

<b>Case Number:</b>	CM14-0076965		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/06/2002
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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: California

Certification(s)/Specialty: Emergency Medicine

### 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 (IW) is a 61-year-old male who sustained an industrial injury on 02/06/2002. According to the progress notes dated 4/22/14, the IW reported chronic low back pain with lower extremity radicular symptoms and gastrointestinal symptoms due to medications. The IW was diagnosed with post laminectomy syndrome-lumbar; and lumbar/lumbosacral degenerative disc disease. Treatment to date has included medications, surgery, facet joint injections, nerve ablations, home exercise program and swimming. Diagnostic testing included MRIs and EMG/NCS. The Utilization Review (UR) on 04/28/2014 non-certified the requested service(s)/treatment(s).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection Under Fluoroscopic Guidance, IV Sedation and Contrast Dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural Steroid Injection (2009 Edition) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 46, Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** The requested Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection Under Fluoroscopic Guidance, IV Sedation and Contrast Dye, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials; and note in regard to repeat injections: "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The injured worker has chronic low back pain with lower extremity radicular symptoms and gastrointestinal symptoms due to medications. The treating physician has documented decreased left lower muscle strength, decreased left L4-S1 dermatomal sensation and positive bilateral straight leg raising tests. Electrodiagnostic testing shows bilateral L5-S1 radiculopathy. There is insufficient documentation of diagnostic evidence of radiculopathy at the L4-5 levels. The criteria noted above not having been met, Bilateral L4-5 and L5-S1 Transforaminal Epidural Steroid Injection Under Fluoroscopic Guidance, IV Sedation and Contrast Dye is not medically necessary.

**Cyclobenzaprine-Flexril 7.5mg #90ms #60 with 2 refills:** Upheld

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

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

**Decision rationale:** The requested Cyclobenzaprine-Flexril 7.5mg #90ms #60 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic low back pain with lower extremity radicular symptoms and gastrointestinal symptoms due to medications. The treating physician has documented decreased left lower muscle strength, decreased left L4-S1 dermatomal sensation and positive bilateral straight leg raising tests. Electrodiagnostic testing shows bilateral L5-S1 radiculopathy. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine-Flexril 7.5mg #90ms #60 with 2 refills is not medically necessary.