

<b>Case Number:</b>	CM15-0003934		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	11/29/2009
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: New Jersey, New York  
Certification(s)/Specialty: Family Practice

### 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 58 year old male who sustained an industrial injury on 11/29/2009. He complains of back pain, pain in the upper part of the lower extremities, muscle spasms, and insomnia. The diagnoses have included multilevel lumbar degenerative disc disease, multilevel lumbar facet arthritis, thoracic degenerative disc disease, and chronic pain secondary to thoracolumbar disc disease and myofasciitis. Treatment to date has included a bilateral L3, L4, and L5 median branch radiofrequency ablation for the L4-5 and L5-S1 in January of 2014. Currently, the IW complains of recurrent muscle spasms in his mid and lower back with burning pain over the lower lumbar area that radiates to the buttocks and posterior thigh. The IW also has increased stiffness at night and pain and spasms that wake him up. On 12/24/2014 Utilization Review (UR) non-certified a prospective request for a Consultation with [REDACTED] noting no red flag conditions. The ACOEM Guidelines Chapter 12 pages 308-310 were cited. On 12/24/2014 Utilization Review non-certified a prospective request for Radiofrequency ablation of the lumbar spine from L2-S1 bilaterally noting the submitted documentation does not reflect the presence/absence of any current objective evidence to support the current request nor does the submitted documentation reflect the percentage and duration of functional benefits from previous radiofrequency ablation. The ACOEM Guidelines Chapter 12, pages 308-310 were cited. On 12/24/2014 Utilization Review non-certified a prospective request for Flexeril 10mg #30 noting that the medication is recommended for short term use of acute flares of muscle spasm. Documentation does not reflect current objective evidence to support the current request. MTUS Chronic Pain, Muscle relaxants was cited. On 01/08/2015, the

injured worker submitted an application for IMR for review of the denied services and medications.

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

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

**Consultation with [REDACTED]:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 92, 289, 296.

**Decision rationale:** The request is considered medically necessary. As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with 'treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan.'" The patient was diagnosed with multilevel lumbar degenerative disc disease, multilevel lumbar facet arthritis, thoracic degenerative disc disease, and chronic pain secondary to thoracolumbar disc disease and myofasciitis. The patient had multiple modalities of treatment with recurrent pain. His past medical history made it difficult to try different forms of medication. Therefore, the need for a referral to [REDACTED] is reasonable and considered medically necessary at this time.

**Radiofrequency ablation of the lumbar spine from L2-S1 bilaterally:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lower Back, Facet joint radiofrequency neurotomy

**Decision rationale:** The request is considered not medically necessary. The use of facet joint radiofrequency neurotomy is largely under study according to ODG guidelines. MTUS does give specific guidelines regarding radiofrequency ablation. The use of radiofrequency ablation shows conflicting evidence regarding the efficacy and while there have been demonstrations of decreased pain temporarily, there have been no demonstrations of increased function. Because of the lack of definitive evidence, this request is considered not medically necessary.

**Flexeril 10mg #30:** Upheld

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

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

**Decision rationale:** The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There are general statements documenting improvement in pain and function while using medications but no specific details are listed and it is unclear if cyclobenzaprine is necessarily contributing to this improvement. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued use is considered not medically necessary.