

Case Number:	CM15-0106824		
Date Assigned:	06/15/2015	Date of Injury:	08/22/2011
Decision Date:	07/14/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	06/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 54-year-old female sustained an industrial injury on 8/22/11. She subsequently reported low back pain. Diagnoses include low back pain and radiculitis. Treatments to date include x-ray and MRI testing, physical therapy, injections and prescription pain medications. The injured worker continues to experience low back pain that radiates to the bilateral lower extremities. Upon examination, there is tenderness to palpation along L4-5 spinous process without radiation as well as bilateral paraspinous musculature L3-5. There was positive facet loading bilateral right greater than left. A request for Lumbar MBB at bilateral L3, L4, L5 and Tizanidine and Diclofenac medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizandine 2 mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for back pain. When seen, she was not having any radicular symptoms or numbness or tingling. She had pain worsened when bending backwards and when arising from a seated position. Physical examination findings included positive facet loading. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, the quantity being prescribed is consistent with intended long-term use. The claimant does not have spasticity due to an upper motor neuron condition. It is therefore not medically necessary.

Diclofenac 100 mg #60 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, Voltaren.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for back pain. When seen, she was not having any radicular symptoms or numbness or tingling. She had pain worsened when bending backwards and when arising from a seated position. Physical examination findings included positive facet loading. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of diclofenac is up to 150 mg per day. In this case, the requested dosing is within guideline recommendations and therefore medically necessary.

Lumbar MBB at bilateral L3, L4, L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, lumbar and thoracic chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for back pain. When seen, she was not having any radicular symptoms or numbness or tingling. She had pain worsened when bending backwards and when arising from a seated position. Physical examination findings included positive facet loading. Criteria for the use of diagnostic blocks for facet mediated pain include patients with low-back pain that is non-radicular and where there is documentation of failure of conservative treatments. In this case, the claimant has axial low back pain with positive facet loading and has undergone prior conservative treatment. The requested procedure would result in a two level block. The criteria are met and therefore the requested lumbar medial branch block procedure is medically necessary.