

<b>Case Number:</b>	CM15-0182139		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 47 year old female, who sustained an industrial injury on 7-31-2013. The injured worker was diagnosed as having lumbar degenerative disc disease, clinically consistent lumbar radiculopathy, facet joint arthritis, possibility of sacroiliitis, and myofascial pain. Treatment to date has included lumbar epidural block, physical therapy, and medications. Currently (8-11-2015), the injured worker complains of persistent low back pain with radiation to the gluteal region and to the left lower extremity. Exam noted spasms in the lumbar paraspinal muscles, sensory "normal to light touch in bilateral lower extremities", strength 5 of 5 in the lower extremities, and tenderness in the lumbar facet joints and in the left posterior superior iliac spine. Magnetic resonance imaging of the lumbar spine (9-25-2013) was documented as showing broad based disc protrusion L4-5, moderate facet arthropathy at the lower lumbar levels, right greater than left foraminal encroachment L5-S1 secondary to circumferential disc protrusion, and minimal loss of anterior central vertebral body height at the L2 level. It noted that she had lumbar epidural block about one year prior, "which helped". She was authorized for additional physical therapy, noting that progress report (7-10-2015) referenced completed physical therapy. Medications included Norco, Cyclobenzaprine 10mg daily as needed (since 6-12-2015 for night pain and spasm), and Ibuprofen. The treatment plan included Cyclobenzaprine 10mg #30, left L4-5 epidural blocks x3, and left L5-S1 epidural blocks x3. On 8-31-2015, Utilization Review non-certified the requested Cyclobenzaprine, modified the left L4-5 epidural blocks to x1, and modified the requested L5-S1 epidural blocks to x1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cyclobenzaprine 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on 7-31-2013. The injured worker was diagnosed as having lumbar degenerative disc disease, clinically consistent lumbar radiculopathy, facet joint arthritis, possibility of sacroiliitis, and myofascial pain. Treatment to date has included lumbar epidural block, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 10mg #30. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is a muscle relaxant with a recommended dosing of 5-10 mg three times daily for not longer than 2-3 weeks. The records indicate the injured worker has been using this medication at least since 06/2015. The request is not medically necessary.

### **Left L4-5 epidural blocks QTY: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The injured worker sustained a work related injury on 7-31-2013. The injured worker was diagnosed as having lumbar degenerative disc disease, clinically consistent lumbar radiculopathy, facet joint arthritis, possibility of sacroiliitis, and myofascial pain. Treatment to date has included lumbar epidural block, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Left L4-5 epidural blocks QTY: 3. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is 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. The MTUS does not recommend "series-of-three" injections in either the diagnostic or the therapeutic phase. There were no documentations indicative of findings of lumbar radiculopathy in the recent medical notes, neither was there a documentation of 50% or more pain relief with previous injections. In addition, this request is for a series of three injections. This is not recommended by the MTUS. The request is not medically necessary.

**Left L5-S1 epidural blocks QTY: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The injured worker sustained a work related injury on 7-31-2013. The injured worker was diagnosed as having lumbar degenerative disc disease, clinically consistent lumbar radiculopathy, facet joint arthritis, possibility of sacroiliitis, and myofascial pain. Treatment to date has included lumbar epidural block, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Left L5-S1 epidural blocks QTY: 3. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is 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. The MTUS does not recommend "series-of-three" injections in either the diagnostic or the therapeutic phase. There were no documentations indicative of findings of lumbar radiculopathy in the recent medical notes, neither was there a documentation of 50% or more pain relief with previous injections. In addition, this request is for a series of three injections. This is not recommended by the MTUS. The request is not medically necessary.