

<b>Case Number:</b>	CM15-0183549		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 54 year old female who sustained an industrial injury March 9, 2011. Past history included L3-S1 facet arthropathy, status post radiofrequency ablation, bilateral sacroiliac joint blocks, facet block L3-L5 and L5-S1 bilaterally. Diagnoses are disc degeneration C5-6 and C6-7; lumbar spondylosis; bilateral sacroiliac joint dysfunction; L3-S1 facet arthropathy; chronic intractable pain. According to a primary treating physician's progress report dated August 25, 2015, the injured worker presented for follow-up evaluation. She had been denied a requested diagnostic discogram (July 27, 2015 request) and wheelchair request. A right greater trochanter corticosteroid injection July 27, 2015 reduced her pain 70% for two weeks. She complains of nausea from muscle relaxer and constipation with narcotic use. She also reported low back pain rated 7 out of 10 with medication, with radiation down the right buttock and pain extending down the bilateral outer thighs, rated 8 out of 10 with medication, worse on the right than left. She reports difficulty with bathing, dressing, grooming, toileting, walking, climbing stairs, shopping, cooking, housework, and laundry. Medication improved the ability to bath and dress. Physical examination revealed; lumbar spine- antalgic gait and utilizes a manual wheelchair for long distances; tenderness to palpation over the right greater trochanter and centrally in the lower spine, lumbar paravertebral muscles, bilaterally and across the upper buttocks bilaterally; sensory intact in bilateral lower extremities; straight leg raise is positive for back pain only at 80 degrees. Treatment plan included a repeat right greater trochanteric corticosteroid injection and advised to utilize ice and heat therapy as tolerated. At issue, is a request for authorization dated August 25, 2015, for discogram L3-4 and L5-S1 with negative

control and Zanaflex. A toxicology report dated July 13, 2015, is present in the medical record. According to utilization review dated September 14, 2015, the requests for Hysingla ER 40mg every day Quantity: 30, Oxycodone 5 mg every day to twice a day as needed Quantity: 60, Restoril 30mg Quantity: 30 and Right Greater Trochanteric Corticosteroid injection administered 08-25-2015 were all certified. The requests for Discogram L3-4 and L5-S1 with negative control and Zanaflex 2mg #60 were non-certified.

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

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

**Discogram L3-L4 with negative control:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the ACOEM, there is a lack of strong medical evidence to support the use of discography and its use should only be considered in those with back pain that is of at least three months duration, those that have failed conservative treatment, those with satisfactory results from detailed psychosocial assessment, those that are candidates for surgery and have been briefed on potential risks and benefits from discography and surgery. In this case, the worker does not meet those criteria. The request for a Discogram L3 - L4 with negative control is not medically necessary or substantiated in the medical records.

**Discogram L5-S1 with negative control:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the ACOEM, there is a lack of strong medical evidence to support the use of discography and its use should only be considered in those with back pain that is of at least three months duration, those that have failed conservative treatment, those with satisfactory results from detailed psychosocial assessment, those that are candidates for surgery and have been briefed on potential risks and benefits from discography and surgery. In this case, the worker does not meet those criteria. The request for a Discogram L5-S1 with negative control is not medically necessary or substantiated in the medical records.

**Zanaflex 2mg #60:** 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:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The request for zanaflex is not medically necessary or substantiated in the records.