

Case Number:	CM15-0187429		
Date Assigned:	09/29/2015	Date of Injury:	12/26/2014
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/23/2015

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 injured worker is a 52 year old female, who sustained an industrial injury on 12-26-2014. The injured worker was diagnosed as having L4-5 lateral recess stenosis, L3-5 disc degenerative and L3-5 facet arthropathy. On medical records dated 08-12-2015 and 07-10-2015, the subjective complaints were noted as left sided low back pain that radiates into the buttocks, pain was rated at 7-8 out of 10 without medication and 3 out of 10 with medication. Objective findings were noted as having a mild antalgic gait. Lumbar spine was noted have tenderness over the L4-S1 facets on the left. Range of motion was noted as decreased. Treatments to date included facet blocks from L4-L5 and L5-S1 on 07-24-2015 and medication. The injured worker was noted to be temporarily partially disabled. Current medications were listed as Cyclobenzaprine 10mg and Norco 10-325mg. The Utilization Review (UR) was dated 08-20-2015. A Request for Authorization was dated 08-12-2015 for radiofrequency ablation at left L4-L5 and L5-S1 x2 and Flexeril 10mg #60 was submitted. The UR submitted for this medical review indicated that the request for radiofrequency ablation at left L4-L5 and L5-S1 x2 and Flexeril 10mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Radiofrequency ablation at left L4-L5 and L5-S1 x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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), Lumbar Diagnostic facet joint blocks (injections).

Decision rationale: The claimant sustained a work injury in December 2014 and is being treated for chronic low back pain. Left lumbar facet blocks were done on 07/24/15. The procedure report was provided. Local anesthesia was used. After the injection the claimant had 100% pain relief and no difficulty with standing, sitting, or walking. When seen, her response to the injection was reviewed. She was having left sided low back pain with radiation to the buttock. There was left facet tenderness and positive facet loading. Radiofrequency ablation was requested. Norco and Flexeril were refilled. Guidelines recommend that no more than one set of medial branch diagnostic blocks be performed prior to facet neurotomy. A positive response to a diagnostic block includes a response of at least 70% pain relief lasting at least 2 hours for Lidocaine. In this case, the claimant has undergone an appropriately performed positive diagnostic block and can proceed to medial branch radiofrequency ablation treatment. The request is considered medically necessary.

Flexeril 10 mg #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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in December 2014 and is being treated for chronic low back pain. Left lumbar facet blocks were done on 07/24/15. The procedure report was provided. Local anesthesia was used. After the injection the claimant had 100% pain relief and no difficulty with standing, sitting, or walking. When seen, her response to the injection was reviewed. She was having left sided low back pain with radiation to the buttock. There was left facet tenderness and positive facet loading. Radiofrequency ablation was requested. Norco and Flexeril were refilled. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not considered medically necessary.