

Case Number:	CM15-0201867		
Date Assigned:	10/16/2015	Date of Injury:	04/24/2014
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 36 year old female with a date of injury of April 24, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar facet arthropathy and lumbar degenerative disc disease. Medical records dated August 14, 2015 indicate that the injured worker complained of increased pain in the midline of the lower back rated at a level of 7 out of 10. A progress note dated September 18, 2015 documented complaints of lower back pain rated at a level of 6 out of 10 to 8 out of 10, and pain that has spread further along the belt line. Per the treating physician (September 18, 2015), the employee was noted to be working her usual and customary occupation. The physical exam dated August 14, 2015 reveals tenderness to palpation of the lumbar spine with spasms, positive facet provocation test, decreased range of motion of the lumbar spine, and hyperreflexia in the bilateral lower extremities. The progress note dated September 18, 2015 documented a physical examination that showed no changes from the examination performed on August 14, 2015. Treatment has included nine sessions of acupuncture which decreased pain from 8 out of 10 to 6 out of 10, trigger point injections, eleven sessions of chiropractic treatment with moderate relief, fifty sessions of chiropractic which helped somewhat, made things worse, magnetic resonance imaging of the lumbar spine (March 10, 2015) that showed mild disc degeneration with facet arthropathy and retrolisthesis at L5-S1 with L4-5 mild caudal bilateral neural foraminal narrowing, and medications (Norco, Flexeril, Ambien, Gabapentin, and Tramadol). The original utilization review (October 5, 2015) non-certified a request for medial branch block at L5-S1 and a prescription for Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block at Bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Facet joint diagnostic blocks (injections).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Review indicates the patient is performing her usual and customary duties for this chronic injury of April 2014 with noted benefit from chiropractic therapy. Per Guidelines, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant pain relief of 70% for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Facet blocks are not recommended without defined imaging or clinical correlation. There is no report of acute flare-up, ADL limitation, progressive deficits or functional change for this chronic injury in terms of increased ADLs, decreased pharmacological profile and dosing along with decreased medical utilization noted. Additionally, facet injections/blocks are not recommended in-patient who may exhibit radiating pain along belt line symptoms with identified retrolisthesis and bilateral neural foraminal narrowing, or performed over 2 joint levels concurrently and at any previous surgical sites. Records have not specified failed conservative treatment trials as an approach towards a functional restoration process for this chronic injury. Submitted reports have not demonstrated support outside guidelines criteria. The Medial Branch Block at Bilateral L5-S1 is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2014 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional

improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, and increased ADLs to support further use as the patient remains unchanged. The Cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.