

Case Number:	CM15-0208598		
Date Assigned:	10/27/2015	Date of Injury:	09/11/2014
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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, Hawaii

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:

The injured worker is a 40 year old male, who sustained an industrial injury on 09-11-2014. He has reported injury to the low back. The diagnoses have included low back pain; sprain lumbar region; lumbar spondylosis; and lumbar disc protrusion. Treatment to date has included medications, diagnostics, chiropractic therapy, physical therapy, and home exercise program. Medications have included Tylenol No. 3, Naproxen, Ibuprofen, Flexeril, and Omeprazole. A progress report from the treating provider, dated 07-22-2015, documented an evaluation with the injured worker. The injured worker reported that he continues to have the aggravation of pain in the lumbar spine; it is improving with the assistance of the medication; with medication, the pain may go down to even 2, on the 0-10 scale; with walking activities as well as when the effect of the medication wears off, the pain may go up to even 6, on the 0-10 scale; and the right side has been improving a bit and now the pain is worse on the left side. Objective findings included heel and toe ambulation is painful; there is tenderness on the right side of the L4-L5; and straight leg raise test is positive on the right side. The treatment plan has included the request for LESI (lumbar epidural steroid injection) at L4-L5 and L5-S1; physical therapy (PT) two times a week for four (2x4) weeks; and Flexeril 7.5mg one (1) by mouth every night at bedtime, #30. The original utilization review, dated 10-05-2015, non-certified the request for LESI at L4-L5 and L5-S1; and Flexeril 7.5mg one (1) by mouth every night at bedtime, #30; and modified the request for physical therapy (PT) two times a week for four (2x4) weeks, to PT two times a week for three (2x3) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI at L4-L5 and L5-S1: Upheld

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

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

Decision rationale: The patient presents with lumbar spine pain. The current request is for LESI at L4-L5 and L5-S1. The report making the request was not made available. However, the 07/22/2015 (51B) report notes a positive straight leg raise on the right. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The MRI from 12/03/2014 (35B) revealed: 1. L4-L5 demonstrates moderate disc herniation posteriorly and to the right with mass effect upon the dural sac and central canal stenosis. 2. L5-S1 demonstrate minimal disc bulge with mild right sided foraminal encroachment. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Medical records do not show that the patient has had any epidural steroid injections. In this case, the MRI does not show any significant protrusion or stenosis at L5/S1, there are no signs of radiculopathy noted and there are no complaints associated with any type of dermatomal radicular pain to warrant the ESI request. The current request is not medically necessary.

Physical Therapy (PT) two times a week for four (2x4) weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: The patient presents with lumbar spine pain. The current request is for Physical Therapy (PT) 2 times a week for 4 (2x4) weeks. The report making the request was not made available. No physical therapy reports were provided. The patient is not post-surgical. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. In this case, it does not appear that the patient has had any recent therapy and the requested 8 sessions are within the MTUS guidelines. A short-course of physical therapy is appropriate to address the patient's current symptoms. The current request is medically necessary.

Flexeril 7.5mg one (1) by mouth every night at bedtime, #30: Upheld

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

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

Decision rationale: The patient presents with lumbar spine pain. The current request is for Flexeril 7.5mg one (1) by mouth every night at bedtime #30. The report making the request was not made available. However, the 07/22/2015 (51B) report notes, "The patient states that with the assistance of the medication the pain may go down to even 2, on 0-10 scale. The patient states however that with walking activities as well as when the effect of the medication wears off the pain may go up to even 6m on 0-10 scale." The physician has prescribed this medication since 07/22/2015. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. In this case, long-term use of cyclobenzaprine is not supported by the MTUS Guidelines. The current request is not medically necessary.