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| Case Number: | CM15-0209798 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 06/17/2009 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/14/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 48 year old woman sustained an industrial injury on 6-17-2009. Diagnoses include lumbar spine herniated nucleus pulposus and lumbar spine radiculopathy. Treatment has included oral medications. Physician notes dated 9-30-2015 show complaints of low back pain rated 6 out of 10 with spasms and bilateral sciatica. The physical examination shows muscle spasms, tenderness to palpation, reduced sensation, and decreased sensation of the lumbar spine. Recommendations include Naproxen, Cyclobenzaprine, Gabapentin, urinalysis, lumbar spine epidural steroid injection, trigger point injections, and bilateral sacroiliac injections. Utilization Review denied requests for Cyclobenzaprine, bilateral sacroiliac injections, and lumbar epidural steroid injections on 10-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacroiliac Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Chapter, Sacroiliac blocks.

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

Decision rationale: According to the ACOEM guidelines, SI injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. Hip injections are recommended for bursitis in the ODG guidelines. The claimant does not have bursitis. Therefore, the request for SI injections is not medically necessary.

Cyclobenzaprine 10mg #60: 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): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Balcofen in the past and long-term use of muscle relaxants is not recommended. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.

Lumbar Epidural Steroid Injection x 3 (No level specified): 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: According to the guidelines, ESIs are indicated for those with radiculopathy on exam and imaging or neurodiagnostics. In this case, prior MRIs in 2009 and 2014 of the lumbar spine did not show nerve root involvement. No more than 2 levels is recommended at a time. In this case, there was a request for 3 injections but the levels were also not specified. The request for the lumbar ESI is not medically necessary.