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| <b>Case Number:</b>   | CM15-0224631 |                              |            |
| <b>Date Assigned:</b> | 11/23/2015   | <b>Date of Injury:</b>       | 05/06/2010 |
| <b>Decision Date:</b> | 12/31/2015   | <b>UR Denial Date:</b>       | 10/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/16/2015 |

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This is a 41 year old female with a date of injury on 5-6-10. A review of the medical records indicates that the injured worker is undergoing treatment for chronic back pain. Progress report dated 7-8-15 reports continued complaints of increasing pain that wraps around her thorax located in T9 and T10 aspects of thoracic spine. She has complaints of right SI joint pain and failed right lower extremity radiculopathy that radiates through the lateral aspect of her hip and thigh wrapping around her calf. She reports this pain developing after thoracic spine surgery. Physical exam: able to sit and rise from seated position without compromise, upper and lower extremity strength 5 out of 5, she walks with a limp due to pain in right lower extremity. MRI lumbar spine 7-3-15 revealed disc desiccation and disc height loss at the L3-4 level. Treatments include: medication, physical therapy, bone growth stimulator, aquatic therapy, cognitive behavior therapy, biofeedback, injections and 2 thoracic surgeries. Request for authorization dated 10-15-15 was made for Baclofen 5 mg and Right transforaminal epidural steroid injection L5-S1 under fluoroscopic guidance. Utilization review dated 10-22-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 5mg:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 5mg is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post-thoracic fusion T4 - T10; and right hip pain with right lower extremity radiculopathy. Date of injury is May 6, 2010. Request for authorization is October 15, 2015. According to a progress note (by the requesting provider) dated July 8, 2015, subjective complaints include thoracic spine pain from T9 - T 10. The injured worker had two prior thoracic surgeries (fusions from T4 through T10). Objectively, motor function is 5/5 the upper and lower extremities. The injured worker ambulates with a limp. The documentation indicates the treating provider prescribed Skelaxin in progress note dated April 29, 2014. The treating provider is now requesting baclofen 5 mg TID. Baclofen is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider has prescribed muscle relaxants (Skelaxin and now baclofen) in excess of three months. The guidelines recommend short-term (less than two weeks). The treating provider has exceeded the recommended guidelines. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, muscle relaxant use (Skelaxin and baclofen) in excess of the recommended guidelines for short-term use (in excess of three months) and no documentation demonstrating objective functional improvement, Baclofen 5mg is not medically necessary.

**Right transforaminal epidural steroid injection L5-S1 under fluoroscopic guidance:**  
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right transforaminal epidural steroid injection at L5 - S1 and L5 - S1 under fluoroscopic guidance is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by

physical examination and corroborated by imaging studies and or electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are status post-thoracic fusion T4 - T10; and right hip pain with right lower extremity radiculopathy. Date of injury is May 6, 2010. Request for authorization is October 15, 2015. According to a progress note (by the requesting provider) dated July 8, 2015, subjective complaints include thoracic spine pain from T9 - T 10. The injured worker had two prior thoracic surgeries (fusions from T4 through T10). Objectively, motor function is 5/5 the upper and lower extremities. The injured worker ambulates with a limp. There is no objective evidence of radiculopathy on physical examination. There are no subjective complaints of radiculopathy involving the lumbar spine. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no objective documentation of radiculopathy on physical examination, right transforaminal epidural steroid injection at L5 - S1 and L5 - S1 under fluoroscopic guidance is not medically necessary.