

Case Number:	CM15-0043560		
Date Assigned:	04/03/2015	Date of Injury:	09/14/2012
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 37 year old female, who sustained an industrial injury on 09/14/2012. She has reported subsequent back pain and was diagnosed with grade I-II spondylolisthesis at L5-S1 with bilateral L5 pars fractures, severe bilateral neural foraminal narrowing at L5-S1 and lumbar radiculopathy. Treatment has included oral and topical pain medication, chiropractic therapy, acupuncture, physical therapy, application of heat and ice and surgery. In a progress note dated 01/07/2015, the injured worker complained of increased lower back pain and development of a headache. The physician noted that physical therapy visits would be requested for lumbar stabilization, Cyclobenzaprine was requested and medial branch blocks were requested of L4-L5 and L5-S1 on the right for lumbar facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Block L4-L5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Facet joint medial branch blocks

(therapeutic injections).

Decision rationale: The injured worker sustained a work related injury on 09/14/2012. The medical records provided indicate the diagnosis of grade I-II spondylolisthesis at L5-S1 with bilateral L5 pars fractures, severe bilateral neural foraminal narrowing at L5-S1 and lumbar radiculopathy. Treatment has included oral and topical pain medication, chiropractic therapy, acupuncture, physical therapy, application of heat and ice and surgery. The medical records provided for review do not indicate a medical necessity for Medial Branch Block L4-L5, L5-S1. The MTUS recommends against facet injections. Though the Official Disability Guidelines recommends diagnostic Facet joint medial branch blocks, it recommends against therapeutic Facet joint medial branch blocks. Therefore, the requested treatment is not medically necessary.

Cyclobenzaprine 7.5mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The injured worker sustained a work related injury on 09/14/2012. The medical records provided indicate the diagnosis of grade I-II spondylolisthesis at L5-S1 with bilateral L5 pars fractures, severe bilateral neural foraminal narrowing at L5-S1 and lumbar radiculopathy. Treatment has included oral and topical pain medication, chiropractic therapy, acupuncture, physical therapy, application of heat and ice and surgery. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 7.5mg quantity 30. Cyclobenzaprine is a muscle relaxant. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. The recommended dosing of Cyclobenzaprine is 5-10 mg three times a day for not longer than 2-3 weeks. Therefore, the requested treatment is not medically necessary.

Physical Therapy, 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Spine, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 09/14/2012. The medical records provided indicate the diagnosis of grade I-II spondylolisthesis at L5-S1 with bilateral L5 pars fractures, severe bilateral neural foraminal narrowing at L5-S1 and lumbar radiculopathy. Treatment has included oral and topical pain medication, chiropractic therapy, acupuncture, physical therapy, application of heat and ice and surgery. The medical records provided for review do not indicate a medical necessity for Physical Therapy, 16 sessions. The records indicate the injured worker has had 15 sessions of physical therapy. The MTUS recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. She

has exceeded the number of physical therapy visits allowed Therefore, the requested treatment is not medically necessary.