

Case Number:	CM15-0053428		
Date Assigned:	03/26/2015	Date of Injury:	04/28/2010
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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: Emergency 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 68 year old female, who sustained an industrial injury on 04/28/2010. The medical records submitted for this review did not include details regarding the initial injury. Diagnoses include internal derangement bilateral shoulder, internal derangement bilateral knees, osteoarthritis bilateral knee, capsulitis "frozen" left shoulder, bilateral carpal tunnel syndrome, bilateral de Quervain's tendinitis, cervical sprain, cervical disc bulges, and bilateral medial and lateral meniscus tears. Treatments to date include medication therapy, physical therapy, and prior lumbar facet injections. Currently, they complained low back pain. On 2/17/15, the physical examination documented limited bilateral lower extremity strength due to pain, lumbar spine demonstrated limited range of motion in all directions and tenderness to palpation. The plan of care included medication refills for muscle spasms and lumbar facet injection L2-3, L3-4, L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 with no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page 63-66 Page(s): 63-66.

Decision rationale: The requested Zanaflex 4mg #60 with no refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has currently, they complained low back pain. On 2/17/15, the physical examination documented limited bilateral lower extremity strength due to pain, lumbar spine demonstrated limited range of motion in all directions and tenderness to palpation. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4mg #60 with no refill is not medically necessary.

L2-L3, L4-L5, L5-S1 lumbar facet injection with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections).

Decision rationale: The requested L2-L3, L4-L5, L5-S1 lumbar facet injection with fluoroscopy, is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Low Back -Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), recommend these diagnostic blocks with the following criteria: "Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. There is documentation of failure of conservative treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels." The injured worker has currently, they complained low back pain. On 2/17/15, the physical examination documented limited bilateral lower extremity strength due to pain, lumbar spine demonstrated limited range of motion in all directions and tenderness to palpation. The treating physician does not document positive facet compression test on exam, nor the intention of proceeding with a subsequent facet neurotomy if the diagnostic blocks produce the required positive result. The criteria noted above not having been met, L2-L3, L4-L5, L5-S1 lumbar facet injection with fluoroscopy is not medically necessary.