

Case Number:	CM15-0082134		
Date Assigned:	05/04/2015	Date of Injury:	10/01/2009
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/28/2015

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: 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 50 year old male, who sustained an industrial injury on 10/01/2009. He reported sustaining an injury to the low back while lifting a 50lb box onto a cart. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar disc disorder, and low back pain. Treatment to date has included use of a transcutaneous electrical nerve stimulation unit, medication regimen, status post left L5-S1 fusion laminectomy, complete facetectomy, and lateral radical facetectomy, status post right L5-S1 laminectomy and foraminotomy, status post partial lumbar five and sacral one vertebrectomy, status post caudal epidural, status post transforaminal left lumbar epidural steroid injection, magnetic resonance imaging of the lumbar spine, electromyogram with nerve conduction velocity, magnetic resonance imaging of the left hip, laboratory studies, physical therapy, and medication regimen. In a progress note dated 03/31/2015 the treating physician reports complaints of back pain that radiates down the left leg. The injured worker rates the pain a seven on the scale of one to ten with medication and a nine on the scale of one to ten without medication. The treating physician requested a medial branch block at bilateral L3, L4 to block the lumbar four to five joint bilaterally with the treating physician also noting that the injured worker has pain with physical therapy on extension and with palpation over the lumbar facet joints. The treating physician also requested the medication of Skelaxin to be used for muscular spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy of muscle relaxants in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use. The Skelaxin 800mg #60 is not medically necessary and appropriate.

L3 and L4 medial branch block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Disorders, Physical Methods, Facet Injections, page 300. Decision based on Non-MTUS Citation ODG, Low Back, Facet Joint Diagnostic Blocks (therapeutic injections), pages 412-418.

Decision rationale: Per ODG, facet blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment and current evidence is conflicting as to this procedure. At this time, no more than one therapeutic intra-articular block is suggested and with positive significant relief for duration of at least 6 weeks, the recommendation is to proceed with subsequent neurotomy. Submitted reports have not demonstrated clear indication and medical necessity for the facet blocks. The patient exhibits radicular symptoms to the lower extremity with associated numbness/ tingling consistent with clinical findings by multiple providers with confirmed MRI results of intervertebral disc disorder and lumbar radiculopathy. Additionally, submitted reports show no clear exam findings consistent with bilateral facet arthropathy nor is there extenuating circumstances to require blocks beyond the guidelines criteria. The L3 and L4 medial branch block is not medically necessary and appropriate.