

Case Number:	CM15-0233912		
Date Assigned:	12/09/2015	Date of Injury:	12/16/1990
Decision Date:	01/19/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	11/30/2015

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: New York, West Virginia, Pennsylvania
 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 male, with a reported date of injury of 12-06-1990. The diagnoses include lumbar disc displacement without myelopathy, lumbar degenerative disc disease, lumbar spine stenosis, and lumbar radiculopathy. The progress reports dated 10-07-2015 and 11-09-2015 indicate that the injured worker complained of low back pain, with numbness, tingling, weakness, and pain extending to the feet bilaterally, as well as some intermittent numbness and pain radiating to the groin and testicular region and the medial thighs. It was noted that he had severe daily spasms, which improved with Soma. The report dated 10-07-2015, since the last visit; the injured worker stated that he had an increase in low back, neck, groin, and bilateral lower extremity pain. The injured worker's pain was rated 10 out of 10 without medications, and 10 out of 10 with medications. His current pain rating was 10 out of 10. The report dated 11-09-2015, since the last visit; the injured worker stated that he had an increase in low back, neck, groin, and bilateral lower extremity pain. The injured worker's pain was rated 10 out of 10 without medications, and 9 out of 10 with medications. His current pain rating was 10 out of 10. It was noted that the medications prescribed were keeping the injured worker functional, allowed for increased mobility and the tolerance of activities of daily living and home exercises. It was also noted that there were no side effects associated with the medications. The injured worker's status was noted as permanent and stationary. The diagnostic studies to date have included a urine drug screen on 07-09-2014 with inconsistent findings for Carisoprodol. Treatments and evaluation to date have included Percocet, Soma, Naproxen, Norco, Tizanidine (since at least 03-2015), back brace, and Diclofenac. The request for authorization was dated 11-

11-2015. The treating physician requested one bilateral occipital nerve block, an open MRI of the lumbar spine, and Tizanidine 4 mg #120 with three refills. On 11-18-2015, Utilization Review (UR) non-certified the request for one bilateral occipital nerve block, an open MRI of the lumbar spine, and Tizanidine 4 mg #120 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral occipital nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Greater occipital nerve blocks.

Decision rationale: Guidelines states that greater occipital nerve blocks are under study for treatment of occipital neuralgia and cervicogenic headaches. In this case, the patient was diagnosed with cervical facet joint pain but not with occipital neuralgia or cervicogenic headaches. The request for bilateral occipital nerve block is not medically necessary and appropriate.

Open lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI Lumbar Spine.

Decision rationale: Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. Repeat MRI is not routinely recommended unless there is significant change in symptoms or a red flag condition. In this case, there is no evidence of a red flag condition. The request for repeat MRI lumbar spine is not medically necessary and appropriate.

Tizanidine 4mg #120 with 3 refills: 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 rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, the patient has been taking the medication for 3 years without any documented improvement in symptoms. The request for Tizanidine 4mg #120 is not medically appropriate and necessary.