

<b>Case Number:</b>	CM13-0048659		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50-year-old injured worker who reported an injury on 03/04/2013. The mechanism of injury was not submitted. The patient was diagnosed with lumbar spondylosis. The patient complained of pain to the right side of the back. The pain radiated down to his right buttock and down to his right foot. The patient had no recollection of any numbness or tingling. He had been treated with physical therapy and medications. The patient rated his pain at a 5/10. The patient had an MRI of the lumbar spine on 05/28/2013 that revealed mild degenerative disc disease and facet arthritis on the right at L4-5 and L5-S1. The patient had tenderness to the hip area, tenderness to the paraspinal musculature on the right and decreased range of motion. The patient was recommended for physical therapy, a facet injection and modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical medicine consultation, for spinal injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, 301.

**Decision rationale:** The California MTUS/ACOEM states that the goal of referrals is functional recovery and return to work. The guidelines also state that invasive techniques, such as facet joint injections of cortisone and lidocaine, are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have a benefit in patients presenting in the transitional phase between acute and chronic pain. The patient continued to complain of pain in the low back. However, the clinical documentation submitted for review does not indicate a failure of conservative treatment to necessitate the medical need of a spinal injection. As the documentation does not support a spinal injection, a physical medicine consult is not needed. The request for physical medicine consultation for spinal injection is not medically necessary and appropriate.

**Flexeril:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, and 63..

**Decision rationale:** The California MTUS states that Flexeril is recommended as an option for a short course of therapy. The guidelines also state that muscle relaxants are recommended with caution as a second-line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. The patient complained of low back pain. However, the documentation submitted for review does not indicate how long the patient has been taking Flexeril. Also, the request does not specify a dosage. The request for Flexeril is not medically necessary and appropriate.