Case Number:	CM14-0114581		
Date Assigned:	09/16/2014	**Date of Injury:**	08/30/2005
Decision Date:	10/15/2014	**UR Denial Date:**	06/23/2014
Priority:	Standard	**Application Received:**	07/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Massachutes. 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/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:

According to the documents available for review, the patient is a 45-year-old male. The date of injury is August 30, 2005. The patient sustained an injury to the lumbar spine. The specific mechanism of injury was not elaborating on the notes available for review. The patient is status post lumbar surgery. The patient currently complains of lumbar back pain exacerbated with movement alleviated with rest with no radiation of the pain, no associated weakness, and no associated sensation changes of the bilateral lower extremities. A request for CT scan of the Lumbar Spine, L4 - L5 Epidural Steroid Injection, and Cyclobenzaprine was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to American College of Occupational and Environmental Medicine guidelines for CT scan, the patient has none of the conditions, which would justify the

use of the CT scan. These conditions include the thoracic spine trauma, lumbar spine trauma, myelopathy, evaluate pars defect, and follow up on plain film x-ray. Therefore, at this time the requirements for treatment have not been met and medical since he has not been established.

L4-5 Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroids Page(s): 46.

Decision rationale: Accordingly, to the MTUS, Epidural Steroid Injections are recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. We recommend no more than 2 ESI injections. According to the documents available for review, the patient does not have a documented physical exam, which indicates radicular pain. Further, his imaging studies do not corroborate the physical exam findings of primarily lumbar back pain. Lastly, the patient had previously undergone an epidural steroid injection; however, the notes available for review failed to document percent improvement. Therefore, at this time, requirements for treatment have not been met and medical necessity has not been established.

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41-42.

Decision rationale: Accordingly, to the MTUS, current treatment guidelines recommend this medication is an option for chronic pain using a short course of therapy. The effect of Flexeril is great is the first four days of treatment, suggesting a shorter course as many better. This medication is not recommended as an addition to other medications. Longer course of Flexeril also are not recommended to be for longer than 2 to 3 weeks as prolonged use me lead to dependence. According to the records, the patient has been taking his medication chronically. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.