

Case Number:	CM14-0120665		
Date Assigned:	09/16/2014	Date of Injury:	01/03/2007
Decision Date:	10/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/31/2014

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 Texas. 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:

The records presented for review indicate that this 56 year old male was reportedly injured on 01/03/07. The most recent progress note is dated 7/8/14. A follow up appointment on 8/18/14 is noted. Also it is noted that the injured worker does not want to have the procedure at this time. The diagnosis is lumbar sprain and strain (847.2). A request was made for Fexmid 7.5 milligrams quantity sixty and bilateral L4 to S1 medial branch blocks rhizotomy which was denied in a prior utilization review on 07/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: 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 (for pain) Page(s): 63-66.

Decision rationale: The request for Fexmid 7.5 milligrams quantity sixty is not supported as medically necessary. The single clinical note submitted dated 08/18/14 does not document the presence of myospasm for which this medication is indicated. As such, the medical necessity is not established for the use of this medication per MTUS guidelines.

Bilateral L4-S1 medial branch blocks rhizotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Rhizotomy

Decision rationale: The documented physical examination does not provide sufficient information to establish the presence of active facet disease. The record does not contain any imaging to support the presence of facet disease. In the presence of facet disease diagnostic medial branch blocks are performed first. If there is an appropriate response then rhizotomy may be considered. As such, the medical necessity of this request has not been established per ODG.