

Case Number:	CM14-0131826		
Date Assigned:	08/20/2014	Date of Injury:	11/02/2000
Decision Date:	10/22/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family Practice, and is licensed to practice in California. 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:

57 yr. old female claimant sustained a work injury on 11/22/2000 involving the low back. She had undergone a lumbar spinal fusion and removal of a Schwannoma. A MRI in July 2013 was performed which indicated a L4-L5 disc bulge, facet degenerative disc changes and changes consistent with a prior Laminectomy. Her treatments had included spinal injections, therapy, acupuncture and oral analgesics/muscle relaxants. In July 2014, a request was made for an MRI of the Lumbar spine, a post-operative Embrace dressing and Robaxin 500 mg TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine with and contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, there were no

red flag findings mentioned. The request and details of type of surgery subsequently planned were not provided. Based on the lack of supporting need for an MRI and a prior MRI performed in 2013 (without mention of new clinical findings), the request for an MRI is not medically necessary.

Post-op EMBRACE dressing X 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the ACOEM guidelines, lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief. There is insufficient evidence on the use of an EMBRACE system. Based on the above, the EMBRACE dressing is not medically necessary.

Robaxin 500mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 62-64.

Decision rationale: Robaxin is a muscle relaxant. According to the MTUS guidelines, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on lack of supporting evidence and no evidence of failure on NSAIDs, a month use of Robaxin is not medically necessary.