MAXIMUS Federal Services

Case Number:	CM14-0144952		
Date Assigned:	09/12/2014	Date of Injury:	05/02/2003
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 64 year old male injured on 05/02/03 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Diagnoses include chronic neck pain, status post cervical surgery in 2004, chronic low back pain, L5 radiculopathy, bilateral shoulder pain, and right elbow and bilateral hand pain. Clinical note dated 06/09/14 indicated the injured worker presented complaining of increased pain to the low back and left lower extremity symptoms x 3 weeks. The injured worker reported required emergency department evaluation approximately 1 week prior for severe pain. The injured worker reported without medications pain rated 10/10, with the use of Ultracet and Naproxen pain decreased to 8-9/10. Objective findings included increased tenderness to lumbar paraspinal muscles, left greater than right and positive leg lift. MRI of lumbar spine performed on 05/20/13 revealed severe disc degeneration noted all lumbar levels particularly L4-5, severe spinal canal stenosis noted from L2 to L5, broad based disc protrusion at L4-5, retrolisthesis at L3-4, and anterior anterolisthesis slightly at L5-S1, broad based disc protrusion at L5-S1, and broad based foraminal stenosis noted at multiple levels from L3 to S1. EMG studies noted chronic left L5 radiculopathy. Documentation indicated most recent lumbar epidural steroid injection performed at left L4-5 and L5-S1 provided approximately 50% pain relief for 4 months with increased function and decreased medication. Clinical note dated 07/28/14 indicated the injured worker reported the use of Naproxen, Norco, and Ultracet reduced pain from 8/10 to 5/10 with increase in performance of activities of daily living. Objective findings included positive straight leg raise on the left, sensory changes at L5 nerve distribution of left lower extremity, lateral thigh, calf, and pretibial area. It was also noted in documentation the injured worker has significant anxiety requiring anesthesia during procedure. The initial request was non-certified on 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain), Page(s): , page(s) 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, Tizanidine 4 mg is not medically necessary.

Epidural steroid injection (ESI): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Epidural steroid injections (ESIs) Page(s): page(s) 46.

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam provided compelling objective data to substantiate a radicular pathology. Per CAMTUS a radiculopathy must be documented and objective findings on examination need to be present. Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Documentation indicated most recent lumbar epidural steroid injection performed at left L4-5 and L5-S1 provided approximately 50% pain relief for 4 months with increased function and decreased medication. Prior request indicated intent to perform left L4-L5 injection. It was also noted in documentation the injured worker has significant anxiety requiring anesthesia during procedure. As such, the request for Epidural steroid injection (ESI) is medically necessary.