

<b>Case Number:</b>	CM14-0146164		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/07/2004
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 & Rehabilitation, 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:

The injured worker is a 62-year-old female who reported an injury while passing out medications and performing patient treatments on 04/07/2004. On 03/21/2014, her diagnoses included back pain, lumbar disc disorder without myelopathy, and radiculitis. The treatment plan included a discussion about transforaminal lumbar epidural steroid injections. This injured worker chose that option. On 04/11/2014, she underwent a left L4-5 transforaminal epidural steroid injection. On 07/08/2014, it was noted that the transforaminal injection given on 04/11/2014, wore off by 06/04/2014. She presented with increasing low back pain radiating to both buttocks and spasms in her legs. On 08/14/2014, there was a discussion regarding a repeat transforaminal lumbar steroid injection and this injured worker requested a repeat injection. Regarding the requested Skelaxin, it was noted that it was prescribed for muscle spasms. A request for authorization for the transforaminal steroid injection dated 08/15/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 TRANSFORAMINAL INJECTION BILATERALLY AT L4-5: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. They 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. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 weeks and 6 weeks following the injection, but they do not affect improvements of function or the need for surgery and do not provide long term pain relief beyond 3 months. Among the criteria for use of epidural steroid injections are that the condition must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Also, the injection should be performed using fluoroscopy for guidance. There was no submitted documentation that this injured worker was participating in a home exercise program or other type of physical therapy. The request did not specify that the requested injection was to consist of corticosteroids. Additionally, fluoroscopy for guidance was not including in the request. Therefore, this request for 1 transforaminal injection bilaterally at L4-5 is not medically necessary.

**1 PRESCRIPTION OF SKELAXIN 800MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. Skelaxin is an antispasmodic which is reported to be a relatively non-sedating muscle relaxant. Decisions are based on evidence based criteria. Muscle relaxants are supported for short term use only. Chronic use would not be supported by the guidelines. The submitted documentation revealed the injured worker has been using Skelaxin since 11/28/2011, which exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration included with the request. Therefore, this request for 1 prescription of Skelaxin 800 mg #90 is not medically necessary.