

Case Number:	CM14-0148178		
Date Assigned:	09/18/2014	Date of Injury:	08/17/1994
Decision Date:	10/16/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55-year-old male with a date of injury of 08/17/1994. The listed diagnoses per [REDACTED] are: 1. Thoracic/lumbosacral neuritis and radiculitis. 2. Unspecified myalgia, myositis. 3. Lumbago. 4. Degenerative lumbar/lumbosacral intervertebral disk. According to progress report 06/19/2014, the patient presents with low back pain which radiates into the left buttock. The treater states the patient underwent a lumbar epidural steroid injection at level L4-L5 on 06/13/2014 and has obtained 80% relief of pain lasting for 3 days. Examination revealed low back pain which radiates to the left buttock and now to the left groin. There is positive straight leg raise bilaterally and pain noted with flexion. The treater is requesting a right medial branch block at L3, L4, and L5. He is also requesting refill of Zanaflex 4 mg #30, TN1 topical cream and a TENS unit. Utilization review denied the request on 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT MEDICAL BRANCH BLOCKS L3-4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on Lumbar Facet joint signs & symptoms:

Decision rationale: This patient presents with continued low back pain that radiates to the left buttock and left groin. The treater is requesting a right medial branch block at L3, L4, and L5. ACOEM Guidelines do not discuss facet injections for treatment, but do discuss dorsal medial branch block as well as radiofrequency ablation on page 300 and 301. ODG Guidelines also support facet diagnostic evaluation for patients presenting with paravertebral tenderness with non-radicular symptoms. In this case, the treater notes left-sided radicular pain that radiates down into the buttock and groin area. The patient also has a positive straight leg raise and diagnosis of lumbosacral neuritis and radiculitis. Facet block injections are not indicated for patients with radicular symptoms. Recommendation is for denial.

ZANAFLEX 4MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: This patient presents with continued low back pain that radiates into the buttock and left groin region. The treater is requesting a refill of Zanaflex 4 mg #30. Review of the medical files indicates the patient has been taking these medications since at least 02/20/2014. MTUS Guidelines page 66 allows for the use of Zanaflex (tizanidine) for low back pain, myofascial pain, and fibromyalgia. The treater reports benefits from with Dilaudid and Celebrex but there is no discussion regarding the efficacy of Zanaflex. There is no documentation of functional improvement or decrease in pain with taking Zanaflex. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.

(1) TN1 CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: This patient presents with continued low back pain that radiates into the buttock and left groin region. The treater is requesting "TN1 topical cream." Utilization review denied the request stating, "There is no documentation contradicting other first-line medications." Review of the medical file provides no discussion regarding this topical cream. There is no discussion of "TN1" topical cream on the internet. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used

with few randomized control trials to determine efficacy or safety." The ingredients in this cream are unknown and the MTUS states topical creams are largely experimental. Recommendation is for denial.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit (transcutaneous electrical nerve stimulator).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114.

Decision rationale: This patient presents with chronic low back pain that radiates into the buttocks and left groin region. The treater is requesting a "TENS unit for symptomatic control." Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. In this case, the treater is requesting a TENS unit but does not document a successful one month home trial. Recommendation is for denial.