

Case Number:	CM14-0158548		
Date Assigned:	10/02/2014	Date of Injury:	06/13/2003
Decision Date:	11/03/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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 Medicine 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:

Patient had a date of injury on 6/13/03. Patient was involved in a motor vehicle accident. Per report dated 4/29/14 patient complained of chronic cervical spine pain, low back pain, and multiple internal medicine complaints. Patient underwent lumbar facet blocks of L4-L5 and L5-S1 bilaterally. Diagnosis include: Cervical facet arthrosis, Cervical discogenic disease with radiculopathy, chronic cervical spine sprain/strain, lumbar discogenic disease, lumbar facet arthrosis and erectile dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Facet Blocks C5-7 x1 bilaterally - Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, Neck, Facet Joint Diagnostic Blocks

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: According to the ACOEM Practice Guidelines, Chapter 8 Neck and Upper Back Complaints, page 181 it states facet injections are not recommended; Optional injections include epidural injection of corticosteroids to avoid surgery.

Skelaxin - Unspecified strength and Quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the patient's medical records Skelaxin has been used for long term and is not recommended.

Medrol Dosepak: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, Pain, Oral Corticosteroids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain oral corticosteroids

Decision rationale: According to the Official Disability Guidelines (ODG) oral corticosteroids are not recommended for chronic pain and given the serious adverse effects, they should be avoided. There is no indication as to why Medrol dose pack would be beneficial for the patient's pain.

Toradol 60mg IM (intramuscular): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. According to the medical records there is no indication as to why Toradol is needed when oral medications were working well.