

Case Number:	CM14-0215062		
Date Assigned:	01/05/2015	Date of Injury:	07/31/2001
Decision Date:	02/25/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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's date of injury dates back to 07/31/2001 when he suffered a fall. This patient receives treatment for chronic low back pain. The patient received chiropractic treatment, physiotherapy, aquatic therapy, and analgesics. On 01/03/2-13 CT lumbar spine imaging showed L3-L4 spinal stenosis and at L4-L5 facet joint hypertrophy. The neurologic exam from that time did not show radiculopathy or other abnormalities. The patient ambulation was limited to 50 feet due to the onset of low back pain. The patient is retired and does not work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic low back pain; however, there is no mention about muscle spasm. In addition Flexeril is recommended for the short-term management of muscle spasm. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not medically indicated for this patient. This request is not medically necessary.

CT scan lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lumbar spinal stenosis: Pathophysiology, clinical features, and diagnosis in UpToDate.com by Kerry Levin, MD

Decision rationale: This patient has signs and symptoms compatible of lumbar stenosis, as seen on imaging of the low back on 01/03/2013. The documentation presented does not establish a justification for another imaging study, as there is no new injury documented nor any significant changes in the clinical history or physical exam. Another CT of the lumbar spine is not medically necessary.