

Case Number:	CM15-0011437		
Date Assigned:	01/29/2015	Date of Injury:	05/18/2014
Decision Date:	03/26/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 05/18/2014. She has reported subsequent low back and lower extremity pain with numbness and tingling to the left leg and was diagnosed with lumbar sprain/strain and left lower extremity radiculopathy. Treatment to date has included oral pain medication, acupuncture and physical therapy. The medical documentation submitted is minimal. Currently the injured worker complains of continued low back pain with radiation to the left lower extremity with numbness and tingling. The severity of pain was not documented. Objective physical examination findings were notable for tenderness, muscle spasms and decreased range of motion of the lumbar spine. A request was submitted for refills of Celebrex and Flexeril, a medial branch block and a referral to [REDACTED] On 12/26/2014, Utilization Review non-certified requests for Celebrex and Flexeril, noting that there was no documentation of objective functional benefit, non-certified a medial branch nerve block noting that there was limited documentation to suggest facet mediated pain and non-certified a request for a referral to [REDACTED] noting that a clear rationale for the referral was not provided. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with constant low back pain that radiates down into the left leg with numbness and tingling. The current request is for Celebrex. The MTUS Guidelines, page 22, support NSAID for chronic LBP, but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." In this case, there is no evidence that the patient has trialed other NSAID. In addition, the use of Celebrex may be appropriate given the patient's chronic LBP, but the request does not specify quantity or dosage. MTUS page 60 requires recording of pain and function when medications are used for chronic pain; therefore, an open-ended request for prescription cannot be supported. This request IS NOT medically necessary.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines: muscle relaxants

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

Decision rationale: This patient presents with constant low back pain that radiates down into the left leg with numbness and tingling. The current request is for FLEXERIL. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exasperation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." MTUS Guidelines support the use of Flexeril for short course of therapy and not longer than 2 to 3 weeks. The use of Flexeril may be appropriate given the patient's muscle spasms, but the request does not specify quantity or dosage. MTUS page 60 requires recording of pain and function when medications are used for chronic pain; therefore, an open-ended request for prescription cannot be supported. This request IS NOT medically necessary.

Medial Branch Nerve Block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines low back chapter regarding Facet joint diagnostic blocks

Decision rationale: This patient presents with constant low back pain that radiates down into the left leg with numbness and tingling. The current request is for Medial branch nerve block. ACOEM Guidelines do not discuss facet joint syndrome but does support medial branch diagnostic blocks on page 301. The ODG guidelines under the low back chapter regarding Facet joint diagnostic blocks provide more detailed discussion and allows for facet diagnostic evaluation, but not therapeutic injections for facet joints. ODG Guidelines does support facet diagnostic evaluations for patients presenting with paravertebral tenderness with non-radicular symptoms and no more than 2 levels bilaterally are to be injected. In this case, this patient has a positive straight leg raise and decreased sensation in the lower extremities and has a diagnosis of lower extremity radiculopathy. ODG Guidelines does support facet diagnostic evaluations for patients presenting with non-radicular symptoms. This request IS NOT medically necessary.

Referral to [REDACTED] Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: This patient presents with constant low back pain that radiates down into the left leg with numbness and tingling. The current request is for referral to [REDACTED] The American College of Occupational and Environmental Medicine, ACOEM, Second Edition 2004 Chapter 7, page 127 states that "the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinee's fitness for return to work."The medical file includes progress reports dated from 9/2/14 through 1/21/15 and provides no discussion regarding this request. It is unclear what the referral is pertaining to and exactly what specialist the patient is being referred to. The treating physician has not expressed any concerns that are "extremely complex" with co-existing psychosocial factors. The requested referral IS NOT medically necessary.