

Case Number:	CM15-0012821		
Date Assigned:	02/02/2015	Date of Injury:	07/29/2014
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 31 year old male, who sustained an industrial injury on 07/29/2014. The diagnoses have included left lumbar radiculopathy secondary to L4-5 disc protrusion. Treatments to date have included physical therapy and medications. Diagnostics to date have included MRI of the lumbar spine on 09/30/2014 which revealed congenitally short pedicles which mildly decrease the AP diameter of the spinal canal, L2-3 and L3-4 ligamentum flavum hypertrophy, L4-5 broad based disc protrusion that abuts the thecal sac combined with short pedicles ligamentum flavum hypertrophy, and spinal canal narrowing as well as bilateral lateral recess and neural foraminal narrowing. In a progress note dated 12/10/2014, the injured worker presented with complaints of significant left lumbar radiculopathy. The treating physician reported the injured worker only had 2 sessions of therapy, partially due to lack of compliance and inability to get to the therapy unit. The physician suggested that the injured worker undergo a trial of lumbar epidurals and prescribed Fexmid 7.5mg #90. Utilization Review determination on 12/23/2014 non-certified the request for Lumbar Epidurals L4-5 and Fexmid 7.5mg #90 citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural L4-5: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The applicant is a represented 31-year-old [REDACTED] Community beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of July 29, 2014. In a Utilization Review Report dated December 23, 2014, the claims administrator denied a request for a lumbar epidural steroid injection at L4-L5 and also denied a request for Fexmid (Flexeril). The claims administrator contented that there is no evidence of conservative therapy had failed. Despite making that decision, the claims administrator nevertheless cited the MTUS Chronic Pain Medical Treatment Guidelines. The claims administrator referenced a December 10, 2014 progress note in its determination. On December 10, 2014, the applicant reported persistent complaints of "significant left lumbar radiculopathy." The attending provider stated that the applicant had apparently had difficulty tolerating therapy, apparently secondary to pain and/or lack of compliance. The applicant exhibited normal lower extremity motor function. The attending provider suggested that the applicant pursue an epidural steroid injection therapy at the L4-L5 level while remaining off of work, on total temporary disability. Fexmid (cyclobenzaprine) was also endorsed. The requesting provider was an orthopedic spine surgeon, it was suggested. In an earlier note dated November 5, 2014, the attending provider noted that the applicant had an L4-L5 broad-based disk protrusion generally associated indentation upon the thecal sac. The applicant was again placed off of work, on total temporary disability, on that date. REFERRAL QUESTIONS: 1. Yes, the request for lumbar epidural steroid injection at L4- L5 was medically necessary, medically appropriate, and indicated here. As noted in MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, epidural steroid injections are deemed "optional" for radicular pain, to avoid the need for surgical intervention. Here, the applicant seemingly had several months' history of low back pain with associated left lower extremity radicular complaints, which had proven recalcitrant to time, medications, observation, short course of physical therapy, etc. The requesting provider was an orthopedic spine surgeon suggesting that the applicant was intent on employing the proposed epidural steroid injection as means of avoiding surgery. Therefore, the request was medically necessary. REFERENCES: ACOEM Practice Guidelines, Chapter 12, Table 12-8, page 309. Since this was not a chronic pain case as of the date of the request, ACOEM is preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines here.

Fexmid 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): Initial Approaches to Treatment 49

Decision rationale: 2. Conversely, the request for Fexmid (cyclobenzaprine) muscle relaxant was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, muscle relaxants such as Fexmid (cyclobenzaprine) are deemed "not recommended." While ACOEM Chapter 3, page 47, does establish a limited role for muscle relaxants as spasmodics, in this case, however, there was no mention of the applicants having any active issues with muscle spasm on or around the date of the request, December 10, 2014. Therefore, the request was not medically necessary.

REFERENCES:1. ACOEM Practice Guidelines, Chapter 3, Table 3-1, page 49.2. ACOEM Practice Guidelines, Chapter 3, page 47, Oral Pharmaceuticals section.