

Case Number:	CM15-0112269		
Date Assigned:	06/18/2015	Date of Injury:	09/21/2009
Decision Date:	07/23/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/10/2015

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: 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 injured worker is a 40-year-old male who sustained an industrial injury on 09/21/09. Initial complaints and diagnoses are not available. Treatments to date include medications and diagnostic blocks. Diagnostic studies include a MRI of the lumbar spine on 10/26/11. Current complaints include lumbar and leg pain. Current diagnoses include lumbago, post-traumatic headache, secondary hypertension, thoracic or lumbosacral neuritis or radiculitis, depressive disorder, and lumbosacral spondylosis. In a progress note dated 04/29/15 the treating provider reports the plan of care as psychology and psychiatric sessions, left medial branch block L3-5, and medications including Norco, Flexeril, and MSContin. The requested treatments include flexeril and a medial branch block at L3-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

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 with radiation, which is related to an industrial injury on 09/21/2009. The initial injury and treatment documentation was not provided. The medical diagnoses include lumbosacral radiculopathy and spondylosis, this review addresses a request for refills of Flexeril 10 mg #90. Flexeril is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using Flexeril over the long-term (more than 2-3 weeks) is not recommended. Long-term use of Flexeril is associated with side effects, which include sedation and medication dependence. Flexeril is not medically necessary.

Medial branch block at L3, L4, and L5 for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient receives treatment for chronic low back pain with radiation, which is related to an industrial injury on 09/21/2009. The initial injury and treatment documentation was not provided. The medical diagnoses include lumbosacral radiculopathy and spondylosis. This review addresses a request for a medial branch block at L3-L5. The treatment guidelines do not endorse or recommend medial branch blocks for the treatment of low back pain with or without radiculopathy. A medial branch block is not medically necessary.