

<b>Case Number:</b>	CM15-0113411		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	05/23/2000
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old female, who sustained an industrial injury on May 23, 2000. Treatment to date has included MRI of the lumbar spine, lumbar laminectomy, and medications. Currently, the injured worker complains of lumbar spine pain and spasm. An MRI of the lumbar spine on February 18, 2015 revealed spondylosis and post-operative changes in the lumbar spine. The diagnoses associated with the request include displacement of the lumbar intervertebral disc, post laminectomy syndrome of the lumbar spine, and chronic pain syndrome. The treatment plan includes twelve sessions of physical therapy for implementation of home exercise program, lumbar medial branch block, baclofen, and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg PO QD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The claimant has a remote history of a work injury occurring at May 2000 and is being treated for back pain. When seen, and MRI had shown significant L5-S1 facet arthropathy. There had been an episode of severe spasms and she had been seen in an emergency room. Pain was rated at 7/10. Physical examination findings were limited to vital signs with the claimant's BMI greater than 36. There was an elevated blood pressure and heart rate. Medications included baclofen being prescribed on a long-term basis. Oral baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. The request is not medically necessary.

**12 sessions of Physical Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring at May 2000 and is being treated for back pain. When seen, and MRI had shown significant L5-S1 facet arthropathy. There had been an episode of severe spasms and she had been seen in an emergency room. Pain was rated at 7/10. Physical examination findings were limited to vital signs with the claimant's BMI greater than 36. There was an elevated blood pressure and heart rate. Medications included baclofen being prescribed on a long-term basis. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.

**Consult for Bilateral L5-S1 Medial Branch Block with Local Anesthetic/Steroid:** 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, Facet joint medial branch blocks (therapeutic injections), Facet joint diagnostic blocks (injections), Criteria for the use of diagnostic blocks for facet "mediated" pain, Facet joint pain, signs & symptoms, Facet joint radiofrequency neurotomy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar

& Thoracic (Acute & Chronic), Diagnostic facet joint blocks (injections) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, p 127.

**Decision rationale:** The claimant has a remote history of a work injury occurring at May 2000 and is being treated for back pain. When seen, and MRI had shown significant L5-S1 facet arthropathy. There had been an episode of severe spasms and she had been seen in an emergency room. Pain was rated at 7/10. Physical examination findings were limited to vital signs with the claimant's BMI greater than 36. There was an elevated blood pressure and heart rate. Medications included baclofen being prescribed on a long-term basis. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the requesting provider does not document any complaints or physical examination findings of facet mediated pain. The request is specifically for lumbar medial branch blocks which are not medically necessary and the requested consult is not medically necessary.