

Case Number:	CM15-0120547		
Date Assigned:	07/01/2015	Date of Injury:	02/01/2012
Decision Date:	08/06/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 37 year old male, who sustained an industrial injury on 2/1/12. He reported left knee, low back, left ankle and left thumb injuries after falling 5 feet from a ladder. The injured worker was diagnosed as having lumbosacral sprain/strain, 3mm disc protrusions at L4-5 and L5-S1 and lateral recess stenosis at L4-5, lumbar facet syndrome, left sacroiliac sprain and left knee internal derangement with medial meniscal tear status post arthroscopic repair with recurrent tear, rule out (ACL) Anterior Cruciate Ligament tear. Treatment to date has included oral medications including Norco, Ibuprofen, Flexeril, physical therapy, left knee meniscectomy, lumbar epidural injections. Currently on 4/16/15, the injured worker complains of low back pain which is constant and throbbing, rated 8-9/10 without medications and 5-6/10 with medications and he also complains of left knee pain which is constant with no significant improvement after his knee surgery one year prior, he describes the pain as throbbing and rates it as 8/10 without medications and 6-7/10 with Ibuprofen. Physical exam performed on 4/16/15 revealed painful lumbosacral range of motion, tenderness to palpation over the lumbar spine in the midline from L4-S1, over the left paralumbar muscles and tenderness to palpation over the left sacroiliac joint and tenderness to palpation over the medial joint line and femoral condyle of the left knee with painful flexion. The treatment plan included a request for medial branch block injection L4-S1, follow up with orthopedist, Orthovisc injections, refilling of Tramadol ER, Motrin 800mg, Flexeril 7.5mg and Prilosec 20mg, follow up appointment and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants Page(s): 41; 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. It appears that the injured worker has been on the medication since at least 11/14/2014. Additionally, the submitted documentation lacked efficacy of the medication, and there was no indication of muscle spasm on physical examination. Given the above, the injured worker is not within guideline criteria. As such, the request for Flexeril is not medically necessary.

Bilateral Lumbar L4-L5 Medial Branch Blocks, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Facet joint medial branch blocks (therapeutic injections); Facet joint diagnostic blocks (injections).

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 - Facet joint intra-articular injections (therapeutic blocks), Facet joint diagnostic blocks (injections).

Decision rationale: Per ACOEM guidelines the criteria for use of therapeutic intra-articular and medial branch blocks are no more than one therapeutic intra-articular block is recommended, there should be no evidence of radicular pain, spinal stenosis, or previous fusion, if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive), no more than 2 joint levels may be blocked at any one time and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. According to the documentation the epidural steroid injection that the IW had resulted in 60-70% pain relief but there is no notation as to how long the pain relief lasted. Without documentation of 6 weeks or more pain relief the request is not medically necessary.

Bilateral Lumbosacral L5-S1 Medial Branch Blocks, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines:

Low Back, Lumbar & Thoracic (Acute & Chronic) - Facet joint medial branch blocks (therapeutic injections); Facet joint diagnostic blocks (injections).

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 - Facet joint intra-articular injections (therapeutic blocks), Facet joint diagnostic blocks (injections).

Decision rationale: Per ACOEM guidelines the criteria for use of therapeutic intra-articular and medial branch blocks are no more than one therapeutic intra-articular block is recommended, there should be no evidence of radicular pain, spinal stenosis, or previous fusion, if successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive), no more than 2 joint levels may be blocked at any one time and there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. According to the documentation the epidural steroid injection that the IW had resulted in 60-70% pain relief but there is no notation as to how long the pain relief lasted. Without documentation of 6 weeks or more pain relief the request is not medically necessary.