MAXIMUS Federal Services

Case Number:	CM15-0122883		
Date Assigned:	07/07/2015	Date of Injury:	07/09/1992
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/25/2015

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: Emergency 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 (IW) is a 57-year-old female who sustained an industrial injury on 07/09/1992. Diagnoses include lumbar spine sprain/strain with left lower extremity radiculitis and spondylosis at L5-S1. Treatment to date has included medications and physical therapy (PT). PT provided temporary pain relief. Some of the documentation was difficult to decipher. According to the progress notes dated 6/5/15, the IW reported constant low back pain rated 8/10. Pain was worse with prolonged standing, bending backwards and lifting; pain was relieved with medications, rest and home exercise program. On examination, there was tenderness to palpation of the lumbar paravertebral muscles with guarding and spasm. Straight leg raise was negative for back pain; Kemp's test was positive bilaterally, right greater than left. A request was made for Zanaflex 2mg, #120 for treatment of spasm and one pain management consultation for lumbar spine facet blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Zanaflex 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodics Page(s): 60.

Decision rationale: Zanaflex(Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short term use and for flare ups only. There is documentation of muscle spasms. However, patient has been on this medication chronically and the number of tablets requested is not consistent with short term use and is not appropriate. Tizanidine is not medically necessary.

1 pain management consultation for lumbar spine facet block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Lumbar & Thoracic) (Acute & Chronic), Facet Joint Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back-Lumbar and Thoracic>, <Facet Joint diagnostic blocks(injections)>.

Decision rationale: Since referral to pain management is for facet block, this review will consider the medical necessity of the block as criteria for referral. As per ACOEM Guidelines, facet medial branch blocks may be considered for diagnostics purpose in preparation for cervical neurotomies. The evidence to support neurotomies in lumbar region is poor. Official Disability Guidelines were reviewed for more specific criteria. Patient does not meet criteria for recommend facet joint diagnostic blocks. ODG criteria is procedure is limited to patient with low back pain that is non-radicular and no more than 2 levels bilaterally. Patient has radicular pain with UR stating that patient already had a prior diagnostic block done which showed minimal benefit. Facet block are not medically necessary therefore referral to pain management is not medically necessary.