

Case Number:	CM15-0123975		
Date Assigned:	07/08/2015	Date of Injury:	07/01/2010
Decision Date:	08/21/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/26/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 59-year-old male who sustained an industrial motor vehicle accident injury on 07/01/2010. The injured worker was diagnosed with cervical facet syndrome, cervical disc disorder, lumbar facet syndrome and lumbar disc disorder. The injured worker is status post C5-6 and C6-7 decompression and fusion in 2011 and a transforaminal lumbar interbody fusion at L3-S1 in 2012. Treatment to date has included diagnostic testing, surgery, cervical facet injections, lumbar epidural steroid injection, extensive physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 2, 2015, the injured worker continues to experience low back and right knee pain radiating to the top of the right foot with numbness and tingling. The injured worker also reports depression. Examination of the cervical spine demonstrated cervical facet tenderness at C3 and C4. There was restricted range of motion due to pain. Motor strength and sensory of the bilateral upper extremity were within normal limits. Examination of the lumbar spine demonstrated positive Gaenslen's and straight leg raise. Sensation of the bilateral lower extremities was intact. Ankle reflex was 0/4 bilaterally and patellar reflex was 1/4 bilaterally. Current medications are listed as Cyclobenzaprine, Cymbalta and Lunesta. Treatment plan consists of continuing medication regimen, home exercise program and the current request for a caudal epidural medial block at C3-4 and C4-5, Cyclobenzaprine and Lunesta medication renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-spasticity drugs Page(s): 66.

Decision rationale: The medical records provided for review do not demonstrated physical exam findings consistent with spasticity or muscle spasm or myofascial spasm. MTUS supports flexeril for the treatment of muscle spasm and spasticity. As such the medical records do not support the use of flexeril congruent with MTUS. The request is not medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, sleep aid.

Decision rationale: The medical records provided for review indicate improvement in pain symptoms with report of significant sleep interference. ODG guidelines support short term use of sleep agent such as zolpidem or lunesta for 4 to 6 weeks when there is failure of 6 months of conservative care and sleep hygiene program. As the medical records provided for review do not indicate or document such failure, the medical records do not support a medical necessity for this treatment. The request is not medically necessary.

Caudal Epidural with catheter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, radiculopathy.

Decision rationale: The medical records provided for review do not indicate physical exam findings consistent with radiculopathy with corroboration by EMG or imaging. ODG guidelines support use of ESI when there are physical exam findings supportive of radiculopathy with corroboration by EMG/neuro-imaging. As such the medical records provided for review do not support epidural steroid injection congruent with ODG guidelines. The request is not medically necessary.

Caudal epidural medial branch block at C3-4 and C4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, radiculopathy.

Decision rationale: The medical records provided for review do not indicate physical exam findings consistent with radiculopathy with corroboration by EMG or imaging. ODG guidelines support use of ESI when there are physical exam findings supportive of radiculopathy with corroboration by EMG/neuro-imaging. As such the medical records provided for review do not support epidural steroid injection congruent with ODG guidelines. The request is not medically necessary.