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| <b>Case Number:</b>   | CM15-0125129 |                              |            |
| <b>Date Assigned:</b> | 07/09/2015   | <b>Date of Injury:</b>       | 12/26/2014 |
| <b>Decision Date:</b> | 08/06/2015   | <b>UR Denial Date:</b>       | 06/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/29/2015 |

### 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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 35-year-old male, who sustained an industrial injury on 12/26/2014. He has reported injury to the neck, and the mid and low back. The diagnoses have included right thoracic facet joint pain T11-T12, T12-L1; thoracic facet joint arthropathy; chronic thoracic back pain; right L5 and S1 radiculopathy with right lower extremity weakness; cervical facet joint pain; cervical facet joint arthropathy; chronic neck pain; and left ulnar neuropathy. Treatment to date has included medications, diagnostics, lumbar corset, physical therapy, and home exercise program. Medications have included Naprosyn, Percocet, Zanaflex, Gabapentin, and Horizant. A progress note from the treating physician, dated 06/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain radiating to the buttock, right posterolateral thigh and calf, and right foot; bilateral lower thoracic back pain, right worse than left; and bilateral neck pain radiating to the shoulders, right worse than left. Objective findings included tenderness upon palpation of the cervical, lumbar, and thoracic paraspinal muscles overlying the bilateral T11-T12, T12-L1 facet joints; lumbar ranges of motion were restricted by pain in all directions; cervical ranges of motion were restricted by pain in all directions; lumbar discogenic provocative maneuvers, including pelvic rock and sustained flexion, were positive bilaterally; straight leg raise was positive on the right; muscle strength is 5/5 in all limbs except for right tibialis anterior, right extensor hallucis longus, right peroneal, right posterior tibial, right gastrocnemius strengths were 4+/5; and decreased sensation in the left ulnar forearm. The treatment plan has included the request for

Zanaflex 4mg by mouth 3 times a day #90 with 2 refills; and outpatient: fluoroscopically guided diagnostic right T11-T12 and right T12-L1 facet joint medial branch block.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zanaflex 4mg by mouth 3 times a day #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain does not have clear exacerbation of pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Zanaflex 4mg #90 with 2 refills is not medically necessary.

**Outpatient: Fluoroscopically-guided diagnostic right T11-T12 and right T12-L1 facet joint medial branch block: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back (acute and chronic) chapter, facet joint injections.

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

**Decision rationale:** According MTUS guidelines, "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain". According to ODG guidelines regarding facets injections, "Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care

(activity, exercise, etc.) to facilitate functional improvement. (Dreyfuss, 2003) (Colorado, 2001) (Manchikanti, 2003) (Boswell, 2005) See Segmental rigidity (diagnosis). In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, this remains a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial." Furthermore and according to ODG guidelines, "Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. 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). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection." MTUS guidelines do not recommend thoracic facet joint injections, as there is limited research on therapeutic blocks in this region. Therefore, the request for Outpatient: Fluoroscopically guided diagnostic right T11-T12 and right T12-L1 facet joint medial branch block is not medically necessary.