

Case Number:	CM15-0125416		
Date Assigned:	07/09/2015	Date of Injury:	11/21/2011
Decision Date:	08/05/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	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: California, Indiana, New York
 Certification(s)/Specialty: 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 51 year old male who sustained an industrial injury on 11/21/11. Progress note dated 5/4/15 reports complaints of continued neck and back pain. The neck pain is aching and stabbing, rated 8/10. The neck pain radiates up, causing headaches and down the arms to the hands with a burning sensation. The low back pain is stabbing and aching into his shins with numbness in his feet. The back pain is rated 8/10. Pain medications provide relief making him able to walk and do activities of daily living. Injections have also been helpful for reducing headaches, and bilateral arm pain, tingling and numbness. His gait is slightly forward flexed moderately guarded and uses a single point cane. Diagnoses include: failed low back surgery syndrome, spinal fusion, status post fusion and lumbar spondylosis with myelopathy. Plan of care includes: continue home exercises, proceed with rhizotomy bilateral L3-4, continue medications; Oxycontin, oxycodone, and soma. Work status is permanent and stationary. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #20: 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): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #20 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are failed low back syndrome; spinal fusion, status post fusion L4 - S1; lumbar spondylosis without myelopathy; and cervical radiculopathy. The date of injury is November 21, 2011. The request for authorization is June 5, 2015. A progress note dated February 10, 2014 shows the treating provider prescribes Soma 350 mg #maximum 20 per month. According to a progress note dated June 2, 2014, each worker is still taking Soma 350 mg #20 per month. Soma is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Additionally, Soma has been prescribed by the treating provider in excess of 17 months. The guidelines recommend short-term treatment (less than two weeks). Consequently, absent clinical documentation of acute low back pain or acute exacerbation of chronic low back pain and guideline recommendations for short-term (less than two weeks) with continued treatment in excess of 17 months, Soma 350mg #20 is not medically necessary.

Inter Laminar Epidural Steroid Injection C4-C5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, interlaminar epidural steroid injections C4-C5 are not medically necessary. Cervical epidural steroid injections are not recommended based on recent evidence given the serious risks of the procedure in the cervical region and the lack of quality evidence for sustained benefit. While not recommended, cervical ESI may be supported with the following criteria. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); in the

therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are failed low back syndrome; spinal fusion, status post fusion L4 - S1; lumbar spondylosis without myelopathy; and cervical radiculopathy. The date of injury is November 21, 2011. The request for authorization is June 5, 2015. MRI of the cervical spine was born January 8, 2014. The results showed DDD with reversal of cervical lordosis and anterolisthesis C3 - C4, retrolisthesis C4 - C5, C6 and C6 - C7. Canal stenosis includes C3 - C4, C4 - C5 and C5 - C6 mild canal stenosis. Neural foraminal narrowing includes C3 - C4 moderate to severe left; C4 - C5 moderate left and C7 - T-1 moderate right neural foraminal narrowing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Documentation shows the injured worker underwent a prior interlaminar cervical epidural steroid injection on April 11, 2015. It was a 70% decrease in pain. However, there was no time duration for the improvement. According to a June 2, 2014 progress note, subjectively the injured worker has ongoing complaints of neck and back pain, although back pain has improved. Pain is 8/10. Objectively, there is tenderness palpation over the posterior paraspinal cervical muscle groups with decreased range of motion. Consequently, absent clinical documentation demonstrating objective functional improvement from the prior cervical epidural steroid injection dated April 11, 2015 with a timeframe for pain improvement, interlaminar epidural steroid injections C4-C5 are not medically necessary.