

Case Number:	CM15-0125755		
Date Assigned:	07/10/2015	Date of Injury:	06/25/2012
Decision Date:	09/15/2015	UR Denial Date:	06/15/2015
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: 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 61 year old, male who sustained a work related injury on 6/25/12. The diagnoses have included lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. Treatments have included medications, physical therapy, aqua therapy, acupuncture, chiropractic treatments, lumbar epidural steroid injections, TENS unit therapy, rest and a home exercise program. In the Interventional Pain Management Follow-Up Evaluation Report dated 5/15/15, the injured worker complains of low back pain described as cramping with a burning sensation radiating to his left leg and numbness radiating to his right leg. He rates his pain level a 7/10. On physical examination, he has diffuse tenderness to palpation over the lumbar paravertebral muscles. He has moderate facet tenderness to palpation over the L4 to S1 levels. He has positive sacroiliac tenderness, positive Fabere's test, positive Patrick test, positive sacroiliac thrust test and a positive Yeoman's test with both legs. He has positive Kemp's test with both legs. He has positive Farfan test in both legs. He has decreased range of motion in lumbar spine. He is not working. The treatment plan includes scheduling of a lumbar rhizotomy, a request for lumbar transforaminal epidural steroid injections and refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Fexmid 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 63-64.

Decision rationale: Per CA MTUS guidelines, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED]. Cyclobenzaprine (Fexmid) is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Long term use of Cyclobenzaprine is not recommended. This medication has been utilized for greater than 8 months. There is insufficient documentation on the effectiveness of pain relief with the use of Fexmid. Since long term use of Fexmid is not recommended, the request for Cyclobenzaprine is not medically necessary.

1 left L5-S1 and left S1 transoraminial epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Per CA MTUS guidelines, Epidural steroid injections (ESIs) are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and

muscle relaxants); 3) Injections should be performed using fluoroscopy (live x-ray) for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections; 5) No more than two nerve root levels should be injected using transforaminal blocks; 6) No more than one interlaminar level should be injected at one session; 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year; 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." He has had three previous epidural steroid injections with pain relief that lasted from 3-4 days to two months. A lumbar rhizotomy procedure has been requested along with the request for this lumbar epidural steroid injection. Research does not support nor is the recommendation for any more than two injections. He has already had three epidural steroid injections with limited pain relief. Therefore, the requested treatment for an epidural steroid injection is not medically necessary.