

<b>Case Number:</b>	CM15-0128885		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	04/07/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Family Practice

### 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 48-year-old female, who sustained an industrial injury on April 7, 2014. Treatment to date has included acupuncture, physical therapy, and medications. Currently, the injured worker complains of neck and low back pain she reports the neck pain is constant, sharp, stabbing pain with dull achiness. She reports associated radiation of her neck pain into the bilateral upper extremities with numbness and tingling. She rates her neck pain an 8 on a 10-point scale and notes that it improvement somewhat with acupuncture, physical therapy and Topamax. Her low back pain is described as constant, achy, dull, sharp, and throbbing with radiation of pain into the bilateral lower extremities. She has associated numbness in the right lower extremity. She reports that the pain is aggravated with prolonged standing and sitting and with bending forward. On physical examination, the injured worker has decreased range of motion of the cervical spine and the lumbar spine. She reports tenderness to palpation of the cervical and lumbar spine and has a positive straight leg raise test on the left. An MRI of the cervical spine on April 22, 2015 revealed bulging discs at C2, C3, C7 and T1. An MRI of the lumbar spine on April 22, 2015 revealed bulging discs at L5-S1. The diagnoses associated with the request include cervical radicular pain and lumbar radicular pain. The treatment plan includes psychology referral, physical therapy for the cervical spine and lumbar spine, acupuncture for the cervical spine and lumbar spine, epidural steroid injections to the cervical spine and lumbar spine, Celebrex, Nortriptyline and Tizanidine for muscle spasms. A July 7, 2015 report notes improvement in neck pain with acupuncture and no physical therapy to date for the cervical spine. The report notes that the injured worker is currently in physical therapy for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tizanidine 2 mg Qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MTUS guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatories (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The guidelines note that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. While short-term use of muscle relaxants may be supported for acute exacerbations, the long-term use of muscle relaxants is not supported by the MTUS guidelines. The request for Tizanidine 2 mg Qty 1 is not medically necessary and appropriate.

### **Interlaminar Epidural Steroid Injection Qty 1, Cervical C7-T1 (thoracic): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

**Decision rationale:** Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. The medical records note improvement in neck pain with acupuncture and no physical therapy to date for the cervical spine. The injured worker has not completed conservative treatment. The request for Interlaminar Epidural Steroid Injection Qty 1, Cervical C7-T1 (thoracic) is not medically necessary and appropriate.

### **Interlaminar Epidural Steroid Injection Qty 1, Lumbar L5-S1 (sacroiliac): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

**Decision rationale:** Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. The medical records note that the injured worker is currently in physical therapy for the lumbar spine. In the absence of attempts at conservative treatment, the request for epidural steroid injection is not supported. In addition, the magnetic resonance imaging does not establish evidence of stenosis at the L5-S1 level to support the requested injection. The request for Interlaminar Epidural Steroid Injection Qty 1, Lumbar L5-S1 (sacroiliac) is not medically necessary and appropriate.