MAXIMUS Federal Services

Case Number:	CM15-0170666		
Date Assigned:	09/11/2015	Date of Injury:	12/12/2007
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 52 year old male who sustained an industrial injury on 12-12-2007. The injured worker was diagnosed as having Lumbar Disc Degeneration, Lumbar Facet Arthropathy, Lumbar Radiculopathy, Status Post Fusion, Lumbar Spine. According to the provider notes of 08-03-2015, relevant diagnostic studies include a MRI of the lumbar spine 04-09-2008 that showed disc desiccation and suggestions of annular fissures at the posterior aspect of the disc at L3-4, L4-5, and L5-S1. There are mild narrowing of the neural foramina at L4-5 and L5-S1. A CT of the lumbar spine without contrast (02-27-2013) showed postsurgical changes in the lower lumbar spine with metallic surgical hardware. No definite severe central canal or neural foraminal stenosis is demonstrated. An electromyogram-Nerve conduction velocity (04-15-2008) revealed abnormal nerve conduction studies due to absent H-reflexes bilaterally. Treatment to date has included a lumbar spine hardware block (05-06-2015) Post procedure the worker rated a 50-80% overall improvement which resulted in decreased pain medication requirements and improved sleep for a duration of 4 days. Currently, the injured worker is seen for a pain medication re-evaluation. His medications include Naproxen, Tizanidine, Tramadol ER, Vitamin D 2000, and APAP with codeine. He reports low back pain with radiation down the left lower extremity into the thigh and groin and accompanied by frequent weakness in the left lower extremity. Since his last visit, his pain is rated as an average of 7 on the scale of 0-10 with medications, and an average of 9 on the scale of ten without medications. The interference of pain in his activities of daily living is rated as a 9 on a scale of 0-10. On examination, the lumbar spine has spasm in the paraspinous musculature with

tenderness on palpation in the L4-S1 levels of the spinal vertebral area. Lumbar range of motion was moderately limited secondary to pain. There was decreased sensitivity to touch along the L4-S1 dermatome in the left lower extremity. There also was decreased strength of the extensor muscles along the L3-4 dermatome in the left lower extremity. Seated straight leg raise was positive on the left for radicular pain at 40 degrees. The plan of treatment included a request for a transforaminal block left L3-4, and renewal of current medications. A request for authorization was submitted for: Tizanidine 2 mg #30, Tylenol No 3 #60 and a Left L3-L4 transforaminal block with fluoroscopy. A utilization review decision (08-21-2015) non-approved the request for Tizanidine 2 mg #30 Non-approved the request for Tylenol No 3 #60, non-approved the request for a Left L3-L4 transforaminal block with fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in December 2007 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 8-9/10 to 7- 8/10. An epidural infusion at L3-4 done in October 2013 is referenced as providing 50-80% improvement lasting for three days. When seen, pain was rated at 7/10. There had been four days of pain relief after a hardware block and he was considering hardware removal. He reported that Tylenol #3 was not as helpful as Norco. Physical examination findings included appearing in moderate distress. There an antalgic and slow gait with use of a cane. There were lumbar paraspinal spasms with decreased and painful range of motion. There was decreased left lower extremity strength at the L3, L4 levels and decreased sensation from L4 to S1 with positive left straight leg raising. An MRI of the lumbar spine is referenced as showing a left lateralized L2-3 disc herniation and multilevel mild foraminal narrowing. A second diagnostic epidural injection and medications were requested. Ttizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.

Tylenol No 3 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in December 2007 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 8-9/10 to 7-8/10. An epidural infusion at L3-4 done in October 2013 is referenced as providing 50-80% improvement lasting for three days. When seen, pain was rated at 7/10. There had been four days of pain relief after a hardware block and he was considering hardware removal. He reported that Tylenol #3 was not as helpful as Norco. Physical examination findings included appearing in moderate distress. There an antalgic and slow gait with use of a cane. There were lumbar paraspinal spasms with decreased and painful range of motion. There was decreased left lower extremity strength at the L3, L4 levels and decreased sensation from L4 to S1 with positive left straight leg raising. An MRI of the lumbar spine is referenced as showing a left lateralized L2-3 disc herniation and multilevel mild foraminal narrowing. A second diagnostic epidural injection and medications were requested. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, this medication is reported to be less effective than Norco and was not providing an adequate decrease in pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Left L3-L4 transforaminal block with fluoroscopy: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant sustained a work injury in December 2007 and continues to be treated for radiating back pain. Medications are referenced as decreasing pain from 8-9/10 to 7-8/10. An epidural infusion at L3-4 done in October 2013 is referenced as providing 50-80% improvement lasting for three days. When seen, pain was rated at 7/10. There had been four days of pain relief after a hardware block and he was considering hardware removal. He reported that Tylenol #3 was not as helpful as Norco. Physical examination findings included appearing in moderate distress. There an antalgic and slow gait with use of a cane. There were lumbar paraspinal spasms with decreased and painful range of motion. There was decreased left lower extremity strength at the L3, L4 levels and decreased sensation from L4 to S1 with positive left straight leg raising. An MRI of the lumbar spine is referenced as showing a left lateralized L2-3 disc herniation and multilevel mild foraminal narrowing. A second diagnostic epidural injection and medications were requested. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block can be recommended if there is an adequate response to the first block. In this case, the claimant had a positive response to the first injection performed. A second diagnostic injection can be accepted as being medically necessary.