

<b>Case Number:</b>	CM15-0175663		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 is a 62 year old, female who sustained a work related injury on 9-24-12. The conditions have included lumbar radiculopathy, lumbar radicular pain, neuropathic pain, severe depression and severe anxiety. She is being treated for low back with radicular pain. Treatments have included physical therapy and medications. Current medications include Diclofenac, Prilosec, Tizanidine and Xanax. In the Workers' Compensation: Pain Management Follow-Up Evaluation dated 7-30-15, the injured worker reports chronic lumbar radicular pain. She rates this pain a 9 out of 10. She describes this pain as "constant, dull, achy pain with spasming, aching, numbness and tingling in bilateral legs, right greater than left, worse with leaning forward, with stress, better with relaxation." On physical exam, lumbar range of motion is decreased. She has tenderness to palpation along L4 and L5 spinous processes with radiation down right leg. Straight leg raise is positive with right leg. The provider states the MRI of lumbar spine dated 7-1-15 revealed "impingement potentially likely isolated to L4-5 where there is mild to moderate bilateral stenosis of the lateral recess caused by 3- to 4-mm posterior disc protrusion mild to moderate bilateral ligamentous thickening and facet arthropathy. Mild 3-mm posterior disc protrusions at L2-3, L3-4, do not visibly impinge. At L5-S1 there is mild right- sided foraminal narrowing due to disc height reduction in the lateralizing disc bulge." Working status not in documentation. The treatment plan includes a request for an L5-S1 intralaminar epidural steroid injection, psychotherapy therapy and a refill of Tizanidine. In the Utilization Review, dated 8-13-15, the requests for a L5-S1 intralaminar epidural steroid injection and Tizanidine 4mg #90 are not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **LS-S1 Intralaminar Epidural Steroid Injection QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The claimant sustained a work injury in September 2012 while working as a teacher and continues to be treated for chronic lumbar radicular pain. When seen, she was having right greater than left-sided symptoms. Authorization for physical therapy had been received and treatment 2-3 times per week for six weeks was to be scheduled. Physical examination findings included positive right straight leg raising. There was decreased right lower extremity strength, sensation, and decreased right knee and ankle reflexes. An MRI of the lumbar spine is referenced as showing right lateralized L5/S1 neuroforaminal narrowing. Authorization for a lumbar epidural injection was requested. Tizanidine was being prescribed and was continued. Criteria for consideration of a cervical epidural steroid injection include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and symptoms initially unresponsive to conservative treatment. In this case, the claimant had not begun the physical therapy treatments that had been approved and were to be scheduled. A follow-up after initial therapy treatment for reevaluation of the need for an epidural steroid injection would be appropriate. When requested, however, a lumbar epidural steroid injection was not medically necessary.

### **Tizanidine 4mg QTY: 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 September 2012 while working as a teacher and continues to be treated for chronic lumbar radicular pain. When seen, she was having right greater than left-sided symptoms. Authorization for physical therapy had been received and treatment 2-3 times per week for six weeks was to be scheduled. Physical examination findings included positive right straight leg raising. There was decreased right lower extremity strength, sensation, and decreased right knee and ankle reflexes. An MRI of the lumbar spine is referenced as showing right lateralized L5/S1 neuroforaminal narrowing. Authorization for a lumbar epidural injection was requested. Tizanidine was being prescribed and was continued. Zanaflex (tizanidine) 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 an ongoing basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.