

Case Number:	CM15-0179794		
Date Assigned:	09/29/2015	Date of Injury:	01/28/2009
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female who sustained an industrial injury on 01-28-2009. Current diagnoses include lumbar degenerative disc disease and lumbar spondylosis. Report dated 07-30-2015 noted that the injured worker presented with complaints that included chronic low back pain and left leg pain. Pain level was 10 (without medications) and 4-5 (with medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 07-30-2015 revealed severe tenderness in the lumbosacral region, restricted range of motion, positive, compression and facet loading, and hypoesthesia in the toes and lateral calves. Previous diagnostic studies included an MRI of the lumbar spine in 2011. Previous treatments included medications and injections. The treatment plan included continue with conservative treatments, request for continued coverage of chronic pain medication regimen, return in one month, and request for lumbar MRI. The utilization review dated 08-24-2015, non-certified the request for Flexeril and an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #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): Cyclobenzaprine (Flexeril).

Decision rationale: This claimant was injured in 2009, and has degenerative lumbar disc disease and back pain. There was hypesthesia in the toes and lateral calves. There was an MRI in 2011. They plan conservative care and treatment. There is no progression of neurologic signs since the prior MRI noted. There is no documentation of acute muscle spasm from the 2009 injury. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there is no acute muscle spasm, which is the intent of Flexeril. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is appropriately not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI.

Decision rationale: As shared, this claimant was injured in 2009, and has degenerative lumbar disc disease and back pain. There was hypesthesia in the toes and lateral calves. There was an MRI in 2011. They plan conservative care and treatment. There is no progression of neurologic signs since the prior MRI noted. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying or progressive physical signs since the last MRI. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guidelines warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electro diagnostic studies. It can be said that ACOEM is intended for more acute injuries; therefore other evidence-based guidelines were also examined. The ODG guidelines note, in the Low Back Procedures section: Lumbar spine trauma: trauma, neurological deficit-Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection. Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA

Guides, 5th Edition, page 382-383.) (Andersson, 2000) Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. These criteria are also not met in this case. The request is appropriately not medically necessary under the MTUS and other evidence-based criteria.