

Case Number:	CM15-0022940		
Date Assigned:	02/12/2015	Date of Injury:	06/15/2011
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 06/15/2011. The mechanism of injury was not specifically stated. The current diagnoses include cervical pain/cervicalgia, lumbago, abdominal pain, and encounter for long-term use of medication. The injured worker presented on 01/08/2015 for a follow-up evaluation regarding low back pain. The injured worker reported ongoing pain with radiation into the left lower extremity as well as spasm and cramping in the left foot. Associated symptoms included insomnia. The injured worker also reported a moderate to large hiatal hernia with pressure and pain under the right diaphragm. The current medication regimen includes dicyclomine 20 mg, Opana ER 20 mg, Nexium 40 mg and tizanidine 4 mg. Upon examination, there was a slightly antalgic gait, tenderness under the right rib cage, tenderness over the cervical facet joints, marked pain with extension, marked pain with lateral bending, lumbar paraspinal muscle tenderness, left SI joint and piriformis tenderness, painful hip flexion and abduction, and normal motor strength in the bilateral upper and lower extremities. Recommendations included a prescription for Flexeril 10 mg, bilateral cervical medial branch blocks from C3-6, and a bilateral transforaminal epidural steroid injection at S1. A Request for Authorization form was then submitted on 01/09/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, one tablet by mouth 3 times a day as needed, 30 days with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Cyclobenzaprine (Flexeril).

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The current request for a 30 day supply of Flexeril 10 mg with 1 refill would exceed guideline recommendations. Additionally, it was noted that the injured worker was utilizing tizanidine 4 mg. The medical necessity for 2 separate muscle relaxants has not been established in this case. As such, the request is not medically appropriate.

Bilateral C3-C6 cervical medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Facet joint injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend facet joint diagnostic blocks when there is evidence of facet mediated pain. In this case, it was noted that the injured worker had tenderness over the cervical facet joints with marked pain upon extension. However, there was no mention of a recent attempt at any conservative treatment for the cervical spine prior to the request for an invasive procedure. Given the above, the request is not medically appropriate.

Bilateral transforaminal epidural at S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar ESI.

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no objective evidence of lumbar radiculopathy. There was no documentation of a sensory or motor deficit. There is also no mention of a recent attempt at any

conservative treatment for the lumbar spine prior to the request for a transforaminal epidural injection. Given the above, the request is not medically appropriate.