MAXIMUS Federal Services

Case Number:	CM15-0060013		
Date Assigned:	04/06/2015	Date of Injury:	11/05/2001
Decision Date:	05/28/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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 72 year old male, who sustained an industrial injury on 11/5/2001. The mechanism of injury is not detailed. Diagnoses include chronic post-operative pain, lumbar post-laminectomy syndrome, lumbar radiculitis, lumbar spondylosis, lumbar disc degeneration, pain in soft tissue of limb, muscle spasms, and disturbance of skin sensation. Treatment has included oral medications, epidural injection, home exercise program, surgical intervention, and spinal cord stimulator implantation. The latest physician progress note submitted for review is documented on 10/07/2014. The injured worker reported low back and left lower extremity pain. It was noted that the injured worker was status post epidural steroid injection on 11/15/2012, with 80% improvement in symptoms. The current medication regimen includes Vicodin, Zanaflex, and baclofen. Upon examination of the lumbar spine, there was 45 degree flexion, 15 degree extension, and 15 degree left and right lateral bending. There was diminished motor strength in the bilateral lower extremities rated 5-/5, and decreased sensation in the L5 distribution. Deep tendon reflexes were 1+ and symmetric in the bilateral lower extremities. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Facet Block L2-3. L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic block.

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 the clinical presentation is consistent with facet joint pain, signs, and symptoms. In this case, there was no evidence of facet mediated pain upon examination. There is also no mention of a recent attempt at any conservative management in the form of active rehabilitation. Given the above, the request is not medically necessary.

Zanaflex 6mg oral capsule 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

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. There was no documentation of palpable muscle spasm or spasticity upon examination. It is also noted, the injured worker has utilized the above medication since 12/2013. The guidelines do not support long term use of muscle relaxants. There is also no quantity listed in the request. Given the above, the request is not medically necessary.

Vicodin ES 7.5 mg-300 mg oral tablet 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since at least 12/2013. There is no documentation of objective functional improvement. There is also no evidence of a failure of nonopioid analgesics. The request as submitted failed to indicate the specific quantity. Given the above, the request is not medically necessary.

Baclofen 20mg Oral tablet 3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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. There was no documentation of palpable muscle spasm or spasticity upon examination. It is also noted, the injured worker has utilized the above medication since 12/2013. The guidelines do not support long term use of muscle relaxants. There is also no quantity listed in the request. Given the above, the request is not medically necessary.