

Case Number:	CM15-0077967		
Date Assigned:	04/29/2015	Date of Injury:	08/02/2006
Decision Date:	05/28/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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

Certification(s)/Specialty: Family Practice

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 61 year old female, who sustained an industrial injury on 6/2/2006. She reported injury while lifting a case of soda. The injured worker was diagnosed as status post lumbar laminectomy. Recent diagnostic study showed sacral 1 radiculopathy and lumbar magnetic resonance imaging showed lumbar degenerative disc disease with foraminal narrowing. Treatment to date has included surgery and medication management. In a progress note dated 3/18/2015, the injured worker complains of continued low back pain with left lower extremity pain. The treating physician is requesting a medial branch block occupational therapy the bilateral lumbar 2-5, retrospective Orphenadrine citrate and lumbar computed tomography scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial branch block to the bilateral L2-3, L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Section: Facet Joint Intra-articular Injections.

Decision rationale: The Official Disability Guidelines comment on the use of medial branch blocks. Overall, these guidelines state that the current evidence on this procedure is conflicting and at this time no more than one therapeutic block is suggested. The specific criteria for use of therapeutic intra-articular and medial branch blocks are as follows: 1. No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion. 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy. In this case, the request is for medial branch blocks at three levels. This request is not consistent with the above-cited guidelines. Further, there is insufficient evidence that the patient's pathology is at the levels of L2 through L5. For these reasons, a medial branch block to the bilateral L2-3, L3-4 and L4-5 areas is not medically necessary.

Retrospective Orphenadrine Citrate 100mg ER #60 (dispensed 3/18/15): Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants for pain, including Orphenadrine Citrate. The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the medical records indicate that Orphenadrine is being used as a long-term treatment strategy for this patient's pain syndrome. Long-term use is not consistent with the above cited MTUS guidelines; specifically, that this class of drugs is a second-line option for short-term treatment. For this reason, Orphenadrine Citrate is not a medically necessary treatment.

CT Scan of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Table 12-1, Table 12-8 and Algorithm 12-3.

Decision rationale: The MTUS/ACOEM Guidelines comment on the use of imaging studies for low back complaints. Table 12-1 describes the red flags for potentially serious low back complaints that require further investigation. From review of the available medical records there is no evidence that the patient is experiencing any of these listed red flag symptoms. Table 12-8 provides a summary of the recommendations for evaluating and managing low back complaints. Again, the rationale for further imaging studies is dependent on the presence of these described red flag symptoms. In addition to these red flag symptoms, further evaluation is based on a change in symptoms or a change in physical examination findings. From review of the available medical records there is no evidence that there has been any substantive change in the patient's symptoms or physical examination findings. Algorithm 12-3 provides a summary of the evaluation of slow to recover patients with occupational low back complaints. One of the key decision points in this algorithm that supports further imaging is whether the patient is being considered for surgical intervention. From review of the available medical records there is no evidence that the patient is being considered as a surgical candidate. Finally, the records indicate that an MRI was recently performed. Without evidence of a change in symptoms from the time of the last MRI or a change in physical examination findings or the presence of red flags, a CT Scan of the Lumbar Spine is not medically necessary.