MAXIMUS Federal Services

Case Number:	CM15-0093173		
Date Assigned:	05/20/2015	Date of Injury:	07/31/2013
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 54-year-old female, who sustained an industrial injury on 7/31/2013. She reported injuring the lower back and left knee while pushing heavy carts. Diagnoses include degenerative disc disease, lumbar facet osteoarthritis. Treatments to date include physical therapy, chiropractic therapy, home exercise, epidural injection and sacroiliac joint injection. Currently, she complained of low back pain with radiation to the bilateral hips and buttocks. There was also complaint of pain and spasm in the neck. On 4/1/15, the physical examination documented some muscle spasm and tenderness across the neck and bilateral trapezius muscles. The lumbar spine was tender with muscular spasms and decreased range of motion. There was decreased sensation in the right lower extremity. The MRI of lumbar spine dated 2/6/15 revealed annular tear, new central annular tear and disc bulge with degenerative facet joint changes. The plan of care included bilateral medial branch diagnostic facet injection at L4-5 and L5-S1, as well as Ibuprofen 800 mg, one tablet three times daily #90; Robaxin 5 mg, one twice a day as needed for muscle spasm, #60; and Norco 10/325mg, one tablet twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Ibuprofen 800mg #90 is not medically necessary.

Robaxin 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Robaxin 500mg #60 is not medically necessary.

Bilateral L4-L5 and L5-S1 medial branch diagnostic facet injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Criteria for the use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint medial branch blocks (therapeutic injections).

Decision rationale: According to the Official Disability Guidelines, facet joint medial branch blocks are not recommended except as a diagnostic tool. There is minimal evidence to support their use as treatment. There is no documentation in the medical record that the patient is a surgical candidate at this time. Bilateral L4-L5 and L5-S1 medial branch diagnostic facet injections are not medically necessary.