

Case Number:	CM13-0012041		
Date Assigned:	03/10/2014	Date of Injury:	10/05/2004
Decision Date:	07/02/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male with a date of injury of 10/05/2004. The listed diagnoses per [REDACTED] dated 07/16/2013 are: (1) Chronic cervical sprain/strain, (2) Left shoulder impingement syndrome, (3) Bilateral upper extremity overuse tendinitis, (4) L4-L5, L5-S1 herniated nucleus pulposus, degenerative disk disease, and radiculopathy, (5) Bilateral knee internal derangement, (6) Erectile dysfunction. According to report dated 07/16/2013 by [REDACTED], the patient presents for a follow up after not being seen since last year. It was noted that patient was doing his own self-directed regimen of exercises for a period of time. The patient states over the last 6 weeks to 2 months, he has noted a significant increase in pain, tenderness, and discomfort in the spine. He has radiating pain bilaterally, right greater than left. On physical examination, the lumbar spine reveals paraspinal spasm and tightness with limited motion. There is sciatic irritation. X-rays of the lumbar spines was taken on this date which showed "very short pedicles at L3-L4, L4-L5, and L5-S1. There is foraminal stenosis". Medical records indicate the patient was last seen by [REDACTED] on 08/21/2012. MRI of the lumbar spine dated 08/12/2012 revealed disk disease at L4-L5 to L5-S1 with a 2.88- and 2-mm disk bulge. There is compromise of the right neuroforamen at both levels. The physician is requesting a repeat MRI of the lumbar spine, 12 sessions of chiropractic therapy, Flurflex, TGhot cream, Tizanidine, retrospective urine tox screen, and retrospective x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with a recent flare-up of the lower back pain. Physician is requesting an updated MRI scan of the lumbar spine, stating "It is very likely the patient has worsened. We want to make sure that the patient is not developing severe spine stenosis as the x-rays would suggest." Utilization review dated 08/05/2013 denied request stating that this patient is not a surgical candidate nor is there a specific nerve root compromise. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, physical examination performed on 07/16/2013 revealed no physiologic evidence of nerve dysfunction. A simple increase in symptoms does not warrant routine specialized imaging studies such as an MRI. The physician is concerned about the patient's radiating symptoms. However, there is no hard evidence of a nerve root lesion on examination. Conservative treatments would appear reasonable and consistent with the guidelines. Recommendation is for denial.

TWELVE SESSIONS OF CHIROPRACTIC MANIPULATION FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines I Therapy And Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-59.

Decision rationale: This patient presents with a flare-up of low back pain. The physician is requesting 12 chiropractic visits for the lumbar spine. Utilization review dated 08/05/2013 modified certification from 12 sessions to 6 sessions. The MTUS Guidelines recommends as an option that a trial of 6 visits over 2 weeks would evidence of objective functional improvement, a total of 18 visits over 6 to 8 weeks. For reoccurrences/flare-ups, reevaluate treatment success, and if return to work is achieved, 1 to 2 visits every 4 to 6 months. In this case, medical records do not reveal that this patient has had any chiropractic treatments in the past. Therefore, a trial of 6 sessions may be warranted. However, the requested 12 sessions exceeds what is recommended by MTUS Guidelines. Recommendation is for denial.

FLURIFLEX CREAM #180GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: This patient presents with a flare-up of the low back pain. The physician is requesting Fluriflex cream stating that Transdermal creams have been very effective in the past. Fluoroplex is a compound topical cream containing Flurbiprofen 15% and Cyclobenzaprine 10%. The MTUS Guidelines regarding topical analgesic states, "It is largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug class or a drug class that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Recommendation is for denial.

TGHot CREAM #180GM: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with a flareup of low back pain. The physician is requesting Tizanidine for spasm. Utilization review dated 08/05/2013 denied request stating, "Recent exam findings noted muscular spasms. However, there are no indications that there is an acute nature to the patient's complaints." MTUS Guidelines page 66 allows for the use of Zanaflex for low back pain, myofascial pain, and fibromyalgia. In this case, given the patient's low back pain, recommendation is for authorization.

TIZANIDINE 4MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: This patient presents with a flareup of low back pain. The physician is requesting tizanidine for spasm. Utilization review dated 08/05/2013 denied request stating, "Recent exam findings noted muscular spasms. However, there are no indications that there is an acute nature to the patient's complaints." MTUS Guidelines page 66 allows for the use of Zanaflex for low back pain, myofascial pain, and fibromyalgia. In this case, given the patient's low back pain, recommendation is for authorization.

ONE (1) URINE TOX SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Steps To Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: This patient presents with a flareup of low back pain. The physician is requesting retrospective for one urine drug screen. Utilization review dated 08/05/2013 denied request stating, "The patient has not been on any opioids." While MTUS Guidelines does not specifically address how frequent UDS should be obtained from various risks opiate users, ODG Guidelines provides a clearer guideline for low risks opiate users. It recommends once yearly urine screen following initial screening within the first 6 months for management of chronic opiate use. However, in this case, the patient is not taking any opiates. There is no need for a urine toxicology screening. The physician does not report why urine drug screen is being obtained either. Recommendation is for denial.

X-RAY OF THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This patient presents with a flare-up of low back pain. The physician is requesting retrospective x-ray of the lumbar spine. The MTUS and ACOEM Guidelines do not specifically discuss x-rays for the lumbar spine. However, ODG Guidelines has the following regarding radiograph x-rays "Not commended routine x-rays in the absence of red flags. Lumbar spine radiographs should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persistent for at least 6 weeks." In this case, the patient does not present with serious bodily injury, neurological deficit from trauma or suspected fracture to warrant an x-ray of the lumbar spine. The requested retrospective x-ray of the lumbar spine is not medically necessary, and recommendation is for denial.