

Case Number:	CM13-0019467		
Date Assigned:	10/11/2013	Date of Injury:	07/27/2012
Decision Date:	01/03/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Physical Medicine & Rehabilitation and is licensed to practice in Illinois, Indiana and Texas. 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 physician 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.

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 51-year-old female who reported an injury on 07/27/2012. The patient is currently diagnosed with lumbar spine pain, lumbar spine degenerative disc disease, lumbar spine radiculopathy, and lumbar spine spinal stenosis. The patient was seen by [REDACTED] on 07/22/2013. The patient reported no relief with physical therapy. Physical examination revealed no tenderness to palpation over the lumbar spine sciatic notch or SI joints and negative straight leg raising. Recommendations included bilateral L4 and L5 transforaminal injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

A bilateral sacroiliac joint block injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis,.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation ODG.

Decision rationale: California MTUS ACOEM Practice Guidelines state if treatment response is inadequate, prescribed pharmaceuticals or physical methods can be added. The ODG state criteria for the use of sacroiliac blocks includes documentation of at least 3 positive exceptional factors and evidence that the patient has failed at least 4 to 6 weeks of aggressive conservative

therapy, including physical therapy, home exercise, and medication management. As per the clinical Final Determination Letter for IMR Case Number CM13-0019467 3 notes submitted for review, there is no documentation of at least 3 positive examination findings. Therefore, the diagnostic criteria have not been satisfied. There is also no evidence of a failure to respond to at least 4 to 6 weeks of aggressive conservative therapy. The request for the sacroiliac joint blocks is not medically necessary and appropriate.

A bilateral gluteal myofascial trigger point injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome as indicated with limited lasting value. They are not recommended for radicular pain. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. Symptoms should persist for more than 3 months. Medical management therapy such as ongoing stretching exercise, physical therapy, NSAIDs, and muscle relaxants, should have failed to control pain. As per the clinical notes submitted for review, there is no documentation indicating the presence of a trigger point with a local twitch response and referral of pain. Therefore, the current request cannot be determined as medically appropriate. The request for the myofascial trigger point injections is not medically necessary and appropriate.

Flexeril 5mg: Upheld

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

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 in patients with chronic low back pain. However, in most lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine is recommended for a short course of therapy, and should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the employee has been utilizing this medication since at least 11/2013. With the use of this medication, the employee has been unable to return to work, and there is no documentation of improved function or a decrease in the level of pain. There are no clinical examination findings providing evidence of acute muscle spasm. Based on the clinical information received, the employee does not currently meet criteria for the use of this medication. There is also no evidence of a failure to respond to first-line treatment prior to

initiation of a second-line muscle relaxant. The request for Flexeril is not medically necessary and appropriate

topical compounded cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A previous request for additional information including the specific prescription requested, topical ingredients, and dosage with specific quantity and instructions was submitted on 07/19/2013, 07/23/2013, and 07/25/2013. At this time, the requested information has not been received. Therefore, the request cannot be determined as medically appropriate. The request for topical compounded cream is not medically necessary and appropriate.

A referral to a foot surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The goal of such evaluation is, in fact, functional recovery and return to work. As per the clinical notes submitted, there is no clinical indication for a surgical referral, as there is no evidence that this employee has failed physical medicine treatment. There are also no clinical examination findings or imaging studies that have identified a surgical lesion. The request for a referral to a foot surgeon is not medically necessary and appropriate

An MRI of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: California ACOEM Practice Guidelines state for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and Final Determination Letter for IMR Case Number CM13-0019467 5 observation. Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. As per the clinical notes submitted, the employee underwent right foot x-rays on 9/15/2012 by [REDACTED], which revealed no definite fracture. There is no indication for a foot MRI, as there are no clinical examination findings consistent with a significant musculoskeletal or neurological deficit. There is also no evidence of a failure to respond to previous conservative treatment prior to the request for an imaging study. The request for an MRI of the right foot is not medically necessary and appropriate