

Case Number:	CM13-0020690		
Date Assigned:	10/11/2013	Date of Injury:	02/16/2007
Decision Date:	04/17/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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 and is licensed to practice in Illinois. 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 53-year-old male who reported injury on 02/16/2007. The mechanism of injury was noted to be the patient was leaning down and picking up a plant. The patient's diagnoses are lumbar radiculopathy, lumbar spinal stenosis, and chronic pain. The patient was noted to have a prior MRI of the back. The date was not provided. The patient's medication history included muscle relaxants and opiate therapy for greater than 1 year. The documentation dated 08/06/2013 revealed the patient complained of low back pain radiating into the bilateral lower extremities, more on the right side. Additionally, the patient complained of bilateral lower extremity pain. The patient's prior treatments included a lumbar epidural steroid injection and physical therapy as well as chiropractic care. The patient had subjective complaints of numbness in the right lower extremity to the level of the foot and the patient indicated they had motor weakness in the right lower extremity. The pain was a 6/10. Additionally, the patient indicated that their pain was burning in nature and the severity was 3/10. Physical examination revealed the patient had spasms in the bilateral paraspinal musculature at L4-S1 and spinal vertebral tenderness bilaterally at L4-S1. The patient had decreased range of motion secondary to pain. The physical examination indicated the patient had decreased strength in the flexor and extensor muscles in the bilateral lower extremities. The patient had a straight leg raise that was positive on the bilateral lower extremities and it was positive at 60 degrees on the left and 40 degrees on the right. The treatment plan included a urine drug screen, an MRI of the lumbar spine, aquatic/pool therapy for 4 weeks, and medications including Gabapentin, Tizanidine, and tramadol. It was indicated the patient had failed prior land therapy and was morbidly obese. Request for authorization dated 09/07/2013 revealed the patient had decreased sensitivity to touch along the L5-S1 dermatomes in the left lower extremity. Additionally, it was noted that the patient had gastritis and NSAIDs were not an option. It was indicated that Tizanidine would help the patient

with participation in pool therapy. It was further indicated the patient needed a lumbar spine MRI as the prior study was from 2007.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, MRI

Decision rationale: Official Disability Guidelines indicate that a repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the patient had decreased sensitivity to touch along the L5-S1 dermatome in the lower extremity and had a prior MRI from 2007 which was needing updating. However, there was lack of documentation indicating the patient had a significant change in symptoms or findings Final Determination Letter for IMR Case Number [REDACTED] suggestive of significant pathology. There was a lack of documentation from examinations prior to 08/06/2013 to indicate the findings were a significant change or findings suggestive of a significant pathology. Given the above, the request for MRI of the lumbar spine is not medically necessary.

AQUATIC THERAPY 2 X 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY, PHYSICAL MEDICINE Page(s): 22, 98-99.

Decision rationale: California MTUS Guidelines recommend aquatic therapy as an optional form of exercise that is specifically recommended where reduced weight-bearing is desirable. The guidelines indicate the treatment for neuralgia, neuritis and radiculitis it is 8 to 10 visits. The note for appeal dated 09/07/2013 revealed that the patient had functional limitations that would respond better to aquatic/pool therapy compared to land therapy; the patient had failed land therapy and was morbidly obese. However, there was lack of documentation as to what the objective functional limitations were for the patient to support the necessity. The request as submitted failed to indicate the body part the aquatic therapy was for. Given the above, the request for eight (8) aquatic therapy sessions is not medically necessary.

GABAPENTIN 600MG #30: 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 ANTIEPILEPTIC DRUGS Page(s): 16.

Decision rationale: California MTUS Guidelines indicate that antiepileptic drugs are the first line medication for the treatment of neuropathic pain. The patient had signs and symptoms of neuropathic pain. However, per the physician documentation, the patient was to take half of a tablet at bedtime. There was a lack of documentation indicating a necessity for 30 tablets without re-evaluation. Given the above, the request for gabapentin 600 mg #30 is not medically necessary.

TIZANIDINE 2MG #60: 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 MUSCLE RELAXANTS, Page(s): 63.

Decision rationale: California MTUS Guidelines indicate that muscle relaxants are prescribed as a second line option for short-term treatment of acute low back pain. Treatment should be limited to less than 3 weeks. There should be documentation of objective functional improvement with the medication. The clinical documentation submitted in appeal dated 09/07/2013 revealed that the medication would help the patient participate in an effective pool therapy program. The patient was noted to be taking the medication for greater than 1 year. There was lack of documentation of objective functional improvement. Given the above, the request for Tizanidine 2 mg #60 is not medically necessary.

TRAMADOL 50MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS - TRAMADOL (ULTRAM),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that opioids are appropriate for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS score and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been taking opioid therapy longer than 1 year. There was a lack of documentation indicating the patient had objective improvement in function, and an objective decrease in the VAS score. There was evidence the patient was being monitored for aberrant

drug behavior through urine drug screens. Given the above, and the lack of documentation, the request for tramadol 50 mg #90 is not medically necessary.