

Case Number:	CM13-0030624		
Date Assigned:	11/27/2013	Date of Injury:	09/30/2010
Decision Date:	02/10/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/30/2013

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 Occupational Medicine 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 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. 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 applicant is a [REDACTED] employee who has filed a claim for chronic low back pain, sacroiliac joint pain, and chronic pain syndrome reportedly associated with an industrial injury of September 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; a prior lumbar fusion surgery; transfer of care to and from various providers in various specialties; anxiolytic medications; and extensive periods of time off of work. In a utilization review report of September 24, 2013, the claims administrator apparently denied a surgical consultation, a sacroiliac joint injection, a gym membership, a yoga membership, and baclofen. Valium, Norco, and Morphine were partially certified/tapered. The applicant's attorney subsequently appealed. The utilization review report, it is noted, does not use a narrative form and it is very difficult to read. A later note of October 31, 2013 is notable for comments that the applicant is having persistent spinal discomfort despite prior spinal fusion surgery. The applicant is on Morphine, Norco, Valium, and baclofen. The applicant is able to transfer. 5/5 strength and a normal gait are seemingly appreciated. A CT scan imaging apparently shows good amount of bone growth. MRI imaging of the lumbar spine and hip are endorsed. An earlier note of October 9, 2013 is an appeal letter stating that the applicant is in fact reporting pain relief and improved performance in terms of nonwork activities of daily living through ongoing opioid usage. The attending provider takes exception to some of the decisions made by the utilization reviewer, noting that the utilization reviewer practices outside the guidelines that he is policing. An earlier note of October 8, 2013 is notable for comments that the applicant is off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consult: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, referral for surgical consideration is indicated in those applicants who have severe disabling radicular complaints with evidence of a lesion which may be amenable to surgical correction. In this case, the applicant is status post prior lumbar fusion surgery. Said fusion surgery was apparently unsuccessful. Obtaining consultation with a spine surgeon or neurosurgeon who can determine whether the applicant is a candidate for further surgery was indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified.

SI Injection w/Fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The MTUS does not address the topic. As noted in the third edition ACOEM Guidelines, sacroiliac joint injections are recommended only as a treatment for those applicants with a specific known cause of sacroiliitis, such as proven rheumatoid inflammatory arthropathy involving the sacroiliac joints. In this case, the applicant does not have confirmed rheumatoid arthropathy or spondyloarthropathy involving the sacroiliac joints. In this case, the applicant seemingly had pain associated with hardware and pain associated with the prior fusion surgery. These do not appear to be an indication for sacroiliac joint injections. Therefore, the request remains non-certified, on independent medical review.

Gym Membership x1 year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 5, maintaining and adhering to exercise regimens are matters of applicant responsibility as opposed to matters of medical necessity. In this case, the attending provider has not clearly detailed why or how home exercises program is successful and why or how specialized equipment and/or gym membership are needed here.

Yoga Membership x1year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 126.

Decision rationale: Page 126 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that yoga memberships can be recommended as an option only for select, highly motivated applicants. In this case, however, the applicant does not appear to be motivated individual. Her remains off of work, on total temporary disability, several years removed from the date of injury. There is no evidence that the applicant previously sought a trial of Yoga before a one-year membership was endorsed. While lesser amount of yoga could have been supported here, given the tepid recommendation on page 126 of the MTUS Chronic Pain Medical Treatment Guidelines, the one-year membership being proposed here cannot, as it is unclear that the applicant is in fact a highly motivated individual who would in fact benefit from yoga. Accordingly, the request is not certified.

Norco #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, it appears that the applicant meets two of the three criteria. While he has failed to return to work, the attending provider does state that the applicant is deriving appropriate analgesia and improved performance of nonwork activities of daily living through ongoing opioid usage. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

Valium #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for long-term use, either for sedative purposes, anxiolytic purposes, anticonvulsant purposes, or muscle relaxant purposes. Chronic benzodiazepine usage is a treatment of choice in very few conditions. In this case, the attending provider has not clearly stated how or why usage of benzodiazepines has been beneficial here. No rationale has been provided so as to try and offset the unfavorable MTUS recommendation. Therefore, the request is not certified.

Baclofen #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: As noted on page 64 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, an antispasticity drug, is indicated in the treatment of spasticity in muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, however, the documentation on file does not establish the presence of either diagnosis for which usage of baclofen would be indicated. The applicant was described on the neurosurgery/spine surgery office visits, referenced above, as exhibiting a normal gait and transferring smoothly without any assistive devices. The applicant's normal gait essentially rules out or argues against a bona fide spinal cord injury here. Therefore, the request for baclofen remains non-certified, on independent medical review

MS Contin #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain affected as a result of ongoing opioid usage. In this case, although the applicant has not returned to work, it has been stated that the applicant has affected appropriately analgesia and improved performance of nonwork activities of daily living through ongoing opioid usage. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.