

Case Number:	CM13-0033265		
Date Assigned:	12/06/2013	Date of Injury:	04/12/2012
Decision Date:	01/21/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/09/2013

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 and 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 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 patient is a forty five year old female with a date of injury from 4/12/12. Patient was seen by [REDACTED]. Listed diagnoses include radiculopathy, cervical degenerative disc disease, lumbar herniated disc, fibromyalgia, and neuralgia/neuritis per 9/28/13 report by the treater. Review of the reports show that the patient's primary complains are neck , low back pain, and pain down the left leg. The patient had prior epidural steroid injection in the neck and low back with great relief for a few months, and would like another set of epidural steroid injections. She finished 2 courses of physical therapy, and cervical traction helps her neck and headaches. Patient is currently working. Medication gives her approximately 50% pain relief, and allow her to preserve her functional capabilities and continue her activities of daily living. Trigger point injections were recommended stating that they helped in the past. Examination show no myofascial findings, neurologic exam show no documentations for radiculopathy. PT was recommended for continuance. Back brace to provide support and decrease vibration while driving, meds were refilled. (8/28/13 report) 7/30/13 treater's report has near identical subjective reporting. Exam documents palpable twitch positive trigger points on cervical spine, multiple trigger points in the left trap, C-paraspinals, and levator scapular, some sensory changes in the arm and leg. 5 trigger point injections were provided.5/9/13 report by the treater has similar exam findings, another 2 sessions of physical therapy is recommended, a course of epidural steroid injection, Electromyogram of the arms. No discussion regarding the patient's function, pain levels in relation to the use of meds. 4/16/13 report, pain is reported at 5/10. No reports on pain and function as related to medication use. 3/1/13 report states, "the medication she is taking provide her with pain relief and preservation of functional capacity." 1/22/13 repor

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines do not support traction for cervical spine. However, Official Disability Guidelines (ODG) guidelines do allow for cervical traction when radiculopathy is documented. This Patient shows no evidence of radiculopathy due to Magnetic Resonance Imaging report that is essentially negative. Magnetic Resonance Imaging did show 2mm disc protrusions but no evidence of stenosis or herniation with nerve root involvement. Given the lack of guidelines support, recommendation is for denial.

Miralax 17 gram oral powder packet 17 gram once a day for 30 days, dispensed 476 gram:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) allows for prophylactic medication use for potential constipation from opiates use. Recommendation is for authorization since this patient is on high doses of opiates.

Trigger point injections: Upheld

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

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

Decision rationale: This patient has had numerous trigger point injections. However, benefit from these injections are not documented. The patient had trigger point injections on 12/10/12 and on the following visit 1/8/13, there is no documentation that the patient improved in any way. The patient was given Trigger point injection on 7/30/13 but the very next visit, there is no mention of how the patient did. California Medical Treatment Utilization Schedule (MTUS)

requires documentation of 50% reduction of pain lasting at least 6 weeks. In this case, such has not been the results. Recommendation is for denial.

Lumbar translaminar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection injections Page(s): 46-47.

Decision rationale: The treating physician believes that the patient did well with prior lumbar epidural injection. However, despite hundreds of pages of reports, I was not able to find an operative report or any reference to prior lumbar epidural injection. The patient has had cervical epidural steroid injection. The patient did have an Magnetic Resonance Imaging of lumbar spine on 4/19/09. This showed only annular tears with no disc herniation or stenosis that would account for radiculopathy and the patient's leg symptoms. The treating physician does not describe dermatomal distribution of pain/paresthesia that is explained/corroborated by an imaging study. Radiculopathy is not documented although the patient has radicular symptoms. California Medical Treatment Utilization Schedule (MTUS) requires a firm diagnosis of radiculopathy to consider an ESI. Recommendation is for denial.

Cervical epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection injections Page(s): 46-47.

Decision rationale: The patient is noted to suffer from chronic neck and arm pains, as well as headaches. The treater believes that the patient experienced 60% reduction of pain lasting 6 weeks or more. However, report from 9/7/12 states, "she had the cervical epidural injection which has helped to resolve the headaches. She continues to have severe neck and arm pain." This was shortly after the patient's Epidural Steroid Injection injections. Epidural Steroid Injection injections essentially did not help the intended radicular symptoms down the arms. The patient's headaches improving is likely a placebo response or steroid effect. Cervical epidural injection are not indicated for headache treatments. Furthermore, there is no evidence that the patient suffers from radiculopathy. Magnetic Resonance Imaging findings are benign with only 2mm disc protrusions. There is no evidence of specific nerve root lesion that would explain the patient's arm symptoms. There is no documentation of pain/paresthesia in a specific nerve root distribution to call it radiculopathy. California Medical Treatment Utilization Schedule (MTUS) does not support Epidural Steroid Injection injections unless radiculopathy is documented. Recommendation is for denial.

Physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The reports indicate that the patient has had periodic physical therapy treatments. The treating physician has asked for additional therapy treatments but does not specify for how many treatments and for what purpose other than for subjective pain complaints. California Medical Treatment Utilization Schedule (MTUS) allows for 8-10 sessions of therapy for myalgia/neuritis type of chronic pain. It appears that the patient already has had many therapy treatments in the recent past. Additional therapy sessions without time-limitation cannot be recommended for authorization. Recommendation is for denial.

Solly lumbar sacral orthosis back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines do not support use of lumbar supports. Official Disability Guidelines (ODG) guidelines support lumbar bracing for fractures, treatments for spondylolisthesis, instability. Lumbar bracing or support do not prevent future back flares. It may be indicated when back flares are very frequent and the patient is working. It states that for non-specific chronic low back pain, support is very limited. This patient suffers from chronic non-specific low back pain, and recommendation is for denial. An elastic lumbar belt may be effective for working patients but the current request is for an orthosis.

Fentanyl 50 mcg/hr transderm patch 1 every 72 hours for 30 days, #10: Overturned

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

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

Decision rationale: This patient suffers from chronic neck and low back pains. Magnetic Resonance Images essentially have demonstrated minimal findings with annular tears of the lumbar spine and 2mm disc protrusions in the cervical spine. The patient has been treated with opiates for quite some time now despite numerous denial by the utilization review letters. For chronic use of opiates, California Medical Treatment Utilization Schedule (MTUS) requires strict reports of pain assessment and functional improvement/quality of life improvements. Review of the reports show that on 8/28/13 the treating physician documents that the patient has 50% pain relief and medication allow her to preserve her functional capabilities and continue her

activities of daily living. It is also noted that the patient is working. California Medical Treatment Utilization Schedule (MTUS) requires pain and functioning assessment using numerical scale or validated instrument. In this case, the treating physician reports 50% pain reduction and most importantly, the patient is working. Pain medications are noted to allow the patient to preserve her functional capabilities. The treating physician does not provide other pain parameters required by California Medical Treatment Utilization Schedule (MTUS) such as current pain; average pain; least pain; etc. However, in one of the reports, the patient is noted to experience pain level of 5/10. Recommendation is for authorization. I do not see that the treating physician provides all of the recommended documentation as written in California Medical Treatment Utilization Schedule (MTUS). However, the patient is working and functioning, with 50% of pain reduced from the use of opiates

Back brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Lumbar Supports.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines do not support use of lumbar supports. Official Disability Guidelines (ODG) guidelines support lumbar bracing for fractures, treatments for spondylolisthesis, instability. Lumbar bracing or support do not prevent future back flares. It may be indicated when back flares are very frequent and the patient is working. It states that for non-specific chronic low back pain, support is very limited. This patient suffers from chronic non-specific low back pain, and recommendation is for denial. An elastic lumbar belt may be effective for working patients but the current request is for a lumbar brace and not an elastic support.

Percocet 10mg-325mg 1 tablet every 4 hours for 30 days #180: Overturned

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

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

Decision rationale: This patient suffers from chronic neck and low back pains. Magnetic Resonance Images essentially have demonstrated minimal findings with annular tears of the lumbar spine and 2mm disc protrusions in the cervical spine. The patient has been treated with opiates for quite some time now despite numerous denial by the utilization review letters. For chronic use of opiates, California Medical Treatment Utilization Schedule (MTUS) requires strict reports of pain assessment and functional improvement/quality of life improvements. Review of the reports show that on 8/28/13 the treating physician documents that the patient has 50% pain relief and medication allow her to preserve her functional capabilities and continue her activities of daily living. It is also noted that the patient is working. California Medical Treatment Utilization Schedule (MTUS) requires pain and functioning assessment using

numerical scale or validated instrument. In this case, the treating physician reports 50% pain reduction and most importantly, the patient is working. Pain medications are noted to allow the patient to preserve her functional capabilities. The treating physician does not provide other pain parameters required by California Medical Treatment Utilization Schedule (MTUS) such as current pain; average pain; least pain; etc. However, in one of the reports, the patient is noted to experience pain level of 5/10. Recommendation is for authorization. I do not see that the treating physician provides all of the recommended documentation as written in California Medical Treatment Utilization Schedule (MTUS). However, the patient is working and functioning, with 50% of pain reduced from the use of opiates

Fioricet 50 mg - 325 mg 40 twice daily for 30 days #60: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not support use of Barbiturate containing analgesic compounds. Fioricet contains barbiturate and recommendation is for denial.

Robaxin 750mg 1 tablet four times a day for 30 days, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: Neither American College of Occupational and Environmental Medicine (ACOEM), guidelines nor California Medical Treatment Utilization Schedule (MTUS) support sedating muscle relaxants on a chronic basis. The review of the reports show that this patient has been on Robaxin for quite some time, at least 6 months of the reports that I was able to review. There is no discussion that this medication is used for short-term or for an acute exacerbation of low back pain. Recommendation is for denial.