

Case Number:	CM13-0047602		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2012
Decision Date:	05/08/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work, on total temporary disability. In a progress note of August 28, 2013, handwritten, difficult to follow, not entirely legible, the applicant is described is feeling only a little better. The applicant was not working. The applicant was given a prescription for tramadol, Flexeril, Naprosyn, acupuncture, and aquatic therapy. A kyphoplasty was endorsed. The applicant was placed off of work. The note was handwritten and sparse and provided little or no narrative commentary. An earlier note of August 21, 2013 was notable for ongoing complaints of low back and mid back pain, ranging from 2 to 7/10. The applicant was not working and was using the above captioned medications at that point. Ancillary complaints included mid back pain, heel pain, anxiety, insomnia, and wrist pain. The applicant was asked to pursue 12 sessions of acupuncture, 12 sessions of aquatic therapy, and remain off of work, on total temporary disability, for an additional six weeks. In an earlier note of July 10, 2013, it was stated that the applicant should consider epidural steroid injection therapy and aquatic therapy and then consider further invasive treatment for his vertebral body parts at L2-L3, L3-L4, and L4-L5. It was further noted that the applicant had multilevel disk herniation and that he could consider surgical treatment for those issues as well. In a September 27, 2013 supplemental letter/appeal, the attending provider went on to appeal the earlier denials. The attending provider stated that the applicant was not going to be able to pursue the proposed kyphoplasty, then the applicant should have palliative treatment with acupuncture, aquatic therapy, tramadol, Flexeril, and Naprosyn. On September 30, 2013, the attending provider noted that he reviewed an MRI of

the lumbar spine dated August 9, 2013, which demonstrated multilevel low-grade disk bulges and mild reversed wedging at L2-L3. The attending provider stated that he would interpret those wedging defects as unhealed compression fractures, although these were not apparently corroborated by the radiologist who authored the study.

IMR ISSUES, DECISIONS AND RATIONALES

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

KYPHOPLASTY L2, L3, L4, ONE DAY INPATIENT: Upheld

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

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, Hospital Length of Stay and Indications for Kyphoplasty

Decision rationale: The MTUS does not address the topic of kyphoplasty procedures. However, as noted in the ODG Lumbar and Thoracic Spine chapter, Kyphoplasty topic, indications for kyphoplasty include the presence of unremitting pain and functional deficits associated with compression fractures brought on by osteolytic metastases, myeloma, and/or hemangioma and possible osteoporotic compression fractures in individuals in whom other medical treatments such as medications, bracing, and therapy have been tried and failed. There should be an absence of alternative causes for pain such as a herniated intervertebral disk plus CT or MRI, ODG goes on to note, and further states that a fracture rate should not be greater than three months of age. In this case, however, none of the aforementioned criteria have seemingly been met. The applicant's fracture is quite old, with date of injury October 1, 2012. The applicant's fracture is much older than three months. The applicant does have alternate causes for pain, including multilevel herniated disk for which the applicant has received epidural steroid injections. Finally, the applicant does not appear to have evidence of metastatic compression fractures, myeloma related fractures, or osteoporotic compression fractures. It is further noted that diagnosis of a compression fracture is itself in question, as the radiologist who read the applicant's MRI did not apparently uncover evidence of compression fractures. Similarly, the MTUS does not address the need for hospitalization. While the ODG Low Back Chapter, Hospital Length of Stay topic does support a best practice target of three days hospitalization for a kyphoplasty, in this case, the original request for the kyphoplasty has been denied. Therefore, the derivative request for a one-day hospitalization is likewise not certified.

TWELVE (12) ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. Thus, the request, as written, represents treatment two to four times that recommended in the MTUS. The attending provider has not furnished any compelling rationale or narrative along with the request for authorization so as to try and support such a lengthy course of treatment well in excess of the MTUS parameters. It is further noted that the applicant appears to have had prior acupuncture and has failed to demonstrate any functional improvement following completion of the same. The applicant remains off of work, on total temporary disability, and remains highly reliant on multiple medications, all of which suggest a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of acupuncture.

TWELVE (12) AQUATIC SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22,99.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is endorsed as an optional form of exercise therapy in those applicants in who reduced weight bearing is desirable. In this case, however, there is no evidence that the reduced weight bearing is desirable here, over a year removed from the date of injury. There is no evidence that the applicant has any one medical condition or conditions which would support the need for reduced weight bearing. It is further noted that the 12 session course of treatment proposed here does, in and of itself, represent treatment in excess of the 9 to 10 sessions of treatment suggested for myalgia and/or myositis of various body parts on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not certified, for all the stated reasons.

TRAMADOL 150MG, #30 Q 12 HOURS: Upheld

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

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

Decision rationale: Tramadol is a synthetic opioid. 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/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not clearly been met. The applicant is off of work. The applicant reports heightened pain complaints as opposed to reduced pain complaints and is considering various interventional pain procedures, including kyphoplasties and epidural steroid injection therapy, both of which imply that tramadol

has not produced the requisite analgesia needed to justify continuation of the same. Therefore, the request is likewise not certified, on independent medical review.

FLEXERIL 7.5MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is likewise not certified, on independent medical review.

NAPROSYN 550MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does note that anti-inflammatory medications, such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain present here, in this case, as with the other medications, the applicant has failed to achieve the requisite functional improvement needed to justify continuation of the same. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on various medications and medical treatments, including cyclobenzaprine, tramadol, aquatic therapy, acupuncture, injection therapy, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Naprosyn. Accordingly, the request is likewise not certified, on independent medical review.