MAXIMUS Federal Services

Case Number:	CM13-0063603		
Date Assigned:	12/30/2013	Date of Injury:	05/12/2012
Decision Date:	04/25/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/09/2013

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 Orthopedic Surgery, 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 claimant is a 31-year-old female who was injured on May 31, 2012. The clinical records provided for review included the November 25, 2013 progress report documenting continued complaints of pain in the low back. The assessment documented that the claimant was initially diagnosed with coccydynia secondary to repetitive sitting but at present there are complaints of low back pain, right greater than left radiating to the back of the legs to the heels. Conservative care was noted to include epidural injections, TENS unit, ice, exercise, steroid medications, medication management. Physical examination showed a restricted lumbar range of motion with 5/5 motor strength to the bilateral lower extremities, diminished sensation to light touch along the L4-5 dermatomal distribution with equal and symmetrical reflexes and positive straight leg raising. The claimant was diagnosed with low back pain, radiculopathy, degenerative disc disease and myalgia. Recommendations were for continuation of Ketoprofen tablets, Cyclobenzaprine tablets, a surgical referral for the lumbar spine and six additional sessions of formal physical therapy. Imaging reports included an MRI of the lumbar spine from July 2012 revealing central protrusions at L4-5 and L5-S1 with mild impingement. Electrodiagnostic studies from October 2012 demonstrated radiculopathy in an L4 through S1 dermatomal distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINE SURGERY CONSULTATION: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004); Chapter 7 page 127

Decision rationale: Based on the ACOEM Guidelines, the request for surgical spine consultation would be warranted. The claimant has documentation of sensory changes on examination with positive electrodiagnostic studies and failed conservative care. The referral for surgical assessment from a lumbar point of view would appear warranted at this stage in course of care based on failed measures to date. The request is medically necessary and appropriate.

PHYSICAL THERAPY X6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The MTUS Chronic Pain Guidelines would not support further physical therapy. Medical records provided for review indicate the claimant has utilized multiple conservative modalities including physical therapy with no significant benefit. The continuation of therapy in the chronic setting cannot be supported based on the claimant's current clinical picture and the lack of improvement from previous therapy documented. The request is not medically necessary and appropriate.

CYCLOBENZAPRINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, NSAIDS, and the ACOEM Guidelines on Muscle Relax.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants,Cyclobenzaprine Page(s): 63-34, 41-42.

Decision rationale: The MTUS Chronic Pain Guidelines would not support further physical therapy. Medical records provided for review indicate the claimant has utilized multiple conservative modalities including physical therapy with no significant benefit. The continuation of therapy in the chronic setting cannot be supported based on the claimant's current clinical picture and the lack of improvement from previous therapy documented. The request is not medically necessary and appropriate.

KETOPROFEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: The MTUS Chronic Pain Guidelines also would not support the request for continued use of Ketoprofen. Records in this case do not indicate significant improvement with the medication management nor does it document acute symptomatic flare of symptoms. The MTUS Chronic Pain Guidelines recommend the role of anti-inflammatory agents at the lowest dose and shortest duration possible. Given the claimant's chronic use of the above agent with no significant benefit, its continued role in this case would not be indicated. The request is not medically necessary and appropriate.