

Case Number:	CM13-0064112		
Date Assigned:	01/03/2014	Date of Injury:	10/10/2011
Decision Date:	04/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/11/2013

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, hip pain, and psychological distress, reportedly associated with an industrial injury of October 10, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; MRI imaging of the left shoulder of February 6, 2013, reportedly negative for a rotator cuff tear; MRI imaging of the lumbar spine of February 6, 2013, notable for multilevel low-grade degenerative changes and disc bulges of uncertain clinical significance; MRI imaging of the cervical spine of February 12, 2013, again notable for multilevel low-grade annular bulges of uncertain clinical significance; MRI imaging of the wrist of February 12, 2013, notable for ulnocarpal abutment syndrome and a scapholunate ligament tear with associated effusion; and extensive periods of time off work, on total temporary disability. In a utilization review report of November 19, 2013, the claims administrator denied a request for hip x-rays and denied a series of two lumbar epidural steroid injections, approved a physical therapy evaluation, partially certified six sessions of physical therapy out of eight initially requested, denied 30-day trial of a TENS unit, denied a one-time psychology consultation, approved a request for tramadol, denied a request for Norflex, and approved a request for Naprosyn. The utilization reviewer seemingly denied the request for a psychology consultation on the grounds that it was possible that physical therapy could ameliorate the applicant's psychological symptoms and that the request should be resubmitted after the applicant's physical therapy was completed. The applicant's attorney subsequently appealed various denials of partial certifications. A February 28, 2013, note was notable for comments that the applicant was off work on total temporary disability as of that point in time. On October 4, 2013, the applicant was described as having multifocal arm, leg, hip, shoulder,

and back pain. A pain psychology consultation was endorsed owing to issues with stress and depression associated with the applicant's pain and disability. The applicant is quite depressed; it is stated and is only receiving partial help with the medications in question. A trial of tramadol, Naprosyn, and Norflex was proposed along with Effexor. It was noted that physical therapy, manipulative therapy, and various modalities were recommended through an earlier progress note of August 8, 2013, at which point, it was stated that the applicant was again off work, on total temporary disability. An earlier note of September 20, 2013, was notable for comments that the applicant was reporting arm, leg, hip, shoulder, back, and neck pain. X-rays of the bilateral hips were ordered to rule out other sources of hip, buttock, and thigh pain. The applicant did exhibit tenderness about the greater trochanter and piriformis muscles on that date, it appeared. Two lumbar epidural steroid injections and a trial of a TENS unit were sought, along with six to eight sessions of physical therapy to try and facilitate performance of home exercises and self-management. The applicant stated that the bulk of his treatment was chiropractic treatment and that he had not had adequate physical therapy. The applicant was described as having multifocal pain complaints with some left lower extremity radicular complaints with lower extremity strength ranging from 4/5 to 5/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR X-RAYS OF THE BILATERAL HIPS, BUTTOCKS AND THIGHS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Topic, Diagnostic Testing Section.

Decision rationale: The MTUS does not address the topic of hip x-rays. As noted in the Third Edition ACOEM Guidelines on the hip and groin, x-rays are "recommended" for evaluating acute, subacute, or chronic hip pain. In the absence of red flags, x-rays are recommended in applicants with moderate hip pain which "lasts for at least a few weeks." In this case, the applicant has longstanding, chronic hip complaints of unknown etiology. Obtaining hip x-rays to determine the presence or absence of any intra-articular hip pathology is indicated, appropriate, and supported by ACOEM. Therefore, the original utilization review decision is overturned. The request is certified.

THE REQUEST FOR TWO (2) LUMBAR EPIDURAL STEROID INJECTIONS: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, a series of three epidural steroid injections is not recommended in either the diagnostic or therapeutic phase of an injury. By implication, a series of two epidural steroid injections is not recommended either. Rather, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural block should be predicated on evidence of pain relief and/or functional improvement with prior blocks. In this case, while the applicant may in fact have some evidence of lumbar radiculopathy with associated signs of the same, the series of two injections proposed here is incompatible with the injunction on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to base repeat blocks on evidence of functional improvement with prior blocks. Therefore, the request is not certified, on independent medical review.

THE REQUEST FOR EIGHT (8) SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 8 to 10 sessions is recommended for neuralgia, neuritis, and radiculitis, the issue seemingly present here. In this case, the applicant has stated that he has not received any physical therapy and that the bulk of his physical medicine treatment has been chiropractic manipulative therapy. A survey of the files suggests that the applicant has not had any physical therapy during the chronic pain phase of the injury, in 2013. No physical therapy progress notes were seemingly incorporated into the packet of records. The attending provider has stated that he intends for the physical therapist to emphasize self-care and home exercises. The eight-session request proposed does conform to MTUS parameters. Therefore, the request is certified.

THE REQUEST FOR A 30-DAY TRIAL OF A TENS UNIT FOR CHRONIC LOW BACK PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section, Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a 30-day trial of a TENS unit can be endorsed in the treatment of chronic intractable pain of at least three months duration in individuals in whom other appropriate pain modalities, including pain medications have been tried and/or failed. In this case, however, the applicant's

new primary treating provider has seemingly introduced several new analgesic medications. It would be more appropriate to gauge the applicant's response to the same before a TENS unit trial is sought. It is further noted that physical therapy has been approved, above. Again, as suggested on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, there should be evidence of a trial of other appropriate pain modalities before a TENS unit trial is sought. In this case, since new medications and physical therapy have been introduced, a TENS unit is not indicated, by definition. Therefore, the request is not certified.

THE REQUEST FOR A PSYCHOLOGICAL CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 388, if symptoms become "disabling" despite primary care interventions or persist beyond three months, referral to a mental health professional is indicated. In this case, the applicant has longstanding mental health issues with anxiety and depression, either standalone or magnified, in part, by the ongoing issues with chronic pain and disability. Obtaining the added expertise of a mental health professional is indicated, particularly since the applicant is off work. Therefore, the original utilization review decision is overturned. The request is certified.

THE REQUEST FOR ORPHENADRINE OR NORFLEX #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section, Page(s): 388.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended "with caution" as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. They are not recommended on the chronic, long-term, or scheduled use for which Orphenadrine is being proposed here, particularly in conjunction with numerous other analgesic and adjuvant medications. Therefore, the request is not certified, on independent medical review.