

Case Number:	CM13-0070264		
Date Assigned:	01/03/2014	Date of Injury:	10/23/2012
Decision Date:	04/28/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient reported an injury on 10/23/2012. The mechanism of injury was not stated. The patient is diagnosed with nonspecific cervical radiculopathy, bilateral carpal tunnel syndrome, lumbar radiculopathy, and herniated nucleus pulposus of the lumbar spine. The patient was seen by [REDACTED] on 11/01/2013. The patient reported neck, mid and low back pain rated 8/10. The patient also reported bilateral lower extremity symptoms. Current medications include Tramadol 150 mg and Flexeril 7.5 mg. Physical examination on that date revealed an antalgic gait, tenderness to palpation of the cervical and lumbar spine, decreased range of motion throughout all planes, decreased sensation in bilateral C6, C7 and C8 dermatomes, decreased sensation in the L4-S1 dermatomes, 4/5 strength in bilateral upper extremities, and positive straight leg raising. Treatment recommendations included a mesh back support, continuation of current medications, acupuncture, and an appeal request for medial branch blocks at bilateral C5 through C7 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR MESH BACK SUPPORT XL: Upheld

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 Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As per the documentation submitted, the patient's physical examination of the lumbar spine only revealed tenderness to palpation with diminished range of motion. There was no documentation of a significant musculoskeletal or neurological deficit. There was no evidence of significant instability. The medical necessity has not been established. Therefore, the request is non-certified.

THE REQUEST FOR ACUPUNCTURE, 8 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Therefore, the current request for 8 sessions of acupuncture therapy exceeds guideline recommendations. Additionally, there is no documentation of objective functional improvement following the initial course of acupuncture therapy. The specific body part at which the acupuncture treatment will be administered was also not specified in the request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

THE REQUEST FOR MEDIAL BRANCH BLOCK BILATERALLY AT C5, C6 AND C7 FACET JOINTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Facet Joint Diagnostic Blocks.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections have no proven benefit in treating acute neck and upper back symptoms. Official Disability Guidelines state clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet injections are limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. As per the documentation submitted, there is no evidence of facet mediated pain upon physical examination. The patient demonstrates decreased sensation in the C6, C7, and C8 dermatomes with decreased strength in the upper extremities. There is no documentation of a failure of conservative treatment including

home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. There were no imaging studies provided for review. Based on the above mentioned points, the patient does not appear to meet criteria for the requested service. As such, the request is non-certified.

HE REQUEST FOR A TRIAL OF CELEBREX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: This is a non-specific request that does not include the dosage, frequency or quantity. Therefore, the request is not medically appropriate, and is non-certified.

THE REQUEST FOR TRAMADOL ER 150MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has utilized Tramadol ER 150 mg since at least 06/2013. Despite ongoing treatment, the patient continues to report 8/10 pain. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

THE REQUEST FOR CYCLOBENZAPRINE 7.5MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has utilized Flexeril 7.5 mg since at least 06/2013. Despite ongoing treatment, the patient continues to report persistent symptoms. There is no documentation of palpable muscle spasm or spasticity upon physical examination. As guidelines do not

recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.