MAXIMUS Federal Services

Case Number:	CM13-0071942		
Date Assigned:	01/17/2014	Date of Injury:	09/16/2013
Decision Date:	06/06/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 patient is a 52 year old male who was injured on 09/16/2013 when he was walking. The patient slipped backwards jerking his body forward but managed to hold on to a metal tube nearby. He felt a sharp pain in his low back. A comprehensive orthopedic evaluation dated 12/28/2013 reports the patient complains of pain in the low back and left lower extremity at 8/10 in the morning and 5/10 later in the day. On exam, range of motion of the lumbar spine including flexion, extension, right lateral flexion, left lateral flexion and right and left rotation are all decreased with pain. Straight leg raise is positive on the left for back pain; Pinwheel test is positive for dysesthesias on the left at L5-S1 dermatomes. Deep tendon reflexes are 2+/4 and L4 and S1 bilaterally. The patient is diagnosed with degenerative disc disease of the lumbar spine, disc space narrowing and disc bulge with endplate osteophytes of the lumbar spine, annular fissure at the posterior disc margin of L5/S1, per MRI and radiculopathy of the lumbar spine, clinically.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297.

Decision rationale: ACOEM Guidelines indicate "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry...Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The ODG indicates lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. The patient sustained an industrial injury on 9/16/2013. He is diagnosed with lumbar degenerative disc disease and radiculopathy. According to the ODG, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, the use of devices such as lumbar supports has not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. The request for a lumbar brace is not medically necessary and appropriate.

THERAPEUTIC EXERCISE L/S 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The MTUS Chronic Pain Guidelines states, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks," According the medical records provided for review, the patient was authorized a course of 6 sessions of therapeutic exercise. The medical records do not document whether the patient has attended the therapy sessions, or provide documentation regarding his response to rendered care. The MTUS Chronic Pain Guidelines state patients are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The request for additional therapeutic exercise is not medically necessary and appropriate.

CHIROPRACTIC MANIPULATIONS L/S 3 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chiropractic Guidelines; Therapeutic Care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Guidelines, chiropractic treatment may be appropriate for treatment of chronic pain patients, in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. For therapeutic care of the low back, the MTUS Chronic Pain Guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be recommended. The patient had been authorized 6 therapy sessions. However, the medical records do not indicate the treatment has taken place. Consideration for additional treatment interventions is not warranted, as the medical records have not yet documented the patient's response to previously authorized treatment. Furthermore, the requested number of chiropractic visits is not supported by the MTUS Chronic Pain Guidelines. Treatment beyond 4-6 visits requires documented objective improvement in function. The medical necessity of the request is not established. The request is not medically necessary and appropriate.

ACUPUNCTURE, L/S 2 TIMES A WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Guidelines, Acupuncture may be an option for patients when pain medication is reduced or not tolerated, which is not the case of this patient. If implemented, the MTUS Acupuncture Guidelines state 3-6 treatments is sufficient time to produce results, and additional treatments may only be indicated with documented functional improvement. The medical records do not establish the patient is a candidate for an Acupuncture trial, and the requested number of sessions is also not supported by the MTUS Acupuncture Guidelines. The medical necessity of the request of Acupuncture is not established. The request is not medically necessary and appropriate.

ZANAFLEX 30#: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: According to the MTUS Acupuncture Guidelines, Acupuncture may be an option for patients when pain medication is reduced or not tolerated, which is not the case of this patient. If implemented, the MTUS Acupuncture Guidelines state 3-6 treatments is sufficient time to produce results, and additional treatments may only be indicated with documented functional improvement. The medical records do not establish the patient is a candidate for an Acupuncture trial, and the requested number of sessions is also not supported by the MTUS Acupuncture Guidelines. The medical necessity of the request of Acupuncture is not established. The request is not medically necessary and appropriate.

VICODIN 5/500 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51,74-96.

Decision rationale: The medical records provided for review do not document the patient's current medication use. The records do not indicate his response to non-opioid analgesics. The progress reports do not reflect there has been any notable pain relief and improved function with use of opioids. The MTUS Chronic Pain Guidelines does not support initiating opioid therapy in absence of documentation of response to first-line analgesics, and does not support continuing opioid therapy in the absence of benefit with use. Consequently, the medical necessity of Vicodin has not been established. The request is not medically necessary and appropriate.