

<b>Case Number:</b>	CM14-0001011		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 injured worker is a 51 year old female who sustained an injury on 11/05/10 secondary to cumulative trauma. The patient reported multiple injuries to the low back, hips, pelvis tailbone, coccyx, buttocks, legs, and foot. An MRI of the pelvis taken on 12/05/12 was unremarkable. An MRI of the lumbar spine on 12/05/12 showed evidence of small disc bulge and annular tear at L5-S1 with multilevel degenerative disc disease in the lower thoracic spine. An MRI of the thoracic spine on 12/11/12 noted multilevel degenerative disc disease primarily from T5 to T10 with multiple Schmorl's nodes identified. No fracture or subluxation was apparent. There was no evidence of any canal or neural foraminal stenosis. MRIs of the right and left hips on 12/18/12 were unremarkable. There was an incidental finding for colonic diverticulosis. The patient was followed by physical therapy through 11/14/13. The most recent physical therapy report noted straight leg raise at 60 degrees left and 40 degrees right. There was continuing loss of lumbar range of motion. The patient had completed 13 set the patient had completed 15 out of 18 approved sessions through 11/14/13. On 09/13/13, a clinical evaluation noted intermittent continuing low back pain. Radiographs appeared to have been performed at this visit which showed no acute changes of the lumbar spine or femurs. Physical examination noted positive straight leg raise findings with tenderness to palpation over L5-S1. No specific neurological deficits were identified. There was loss of lumbar range of motion. Follow up on 10/11/13 noted no significant changes in symptoms or physical examination findings. The patient was continued on Skelaxin 800mg, over the counter Tylenol, Tolectin, and lidocaine patches. The patient was also recommended to use a TENS unit. A follow up on 11/08/13 again noted continuing low back pain which had increased due to weather. On physical examination there continued to be spasms in the lumbar spine with tenderness to palpation and loss of lumbar range of motion. No neurological deficits at this evaluation were noted. The requested physical

therapy or chiropractic therapy for 18 sessions, Tolectin, Skelaxin, lidocaine patches, and MRI of the thoracic and lumbar spine, bilateral hips, and pelvis were all denied by utilization review on 12/24/13.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY OR CHIROPRACTIC X18: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation and Physical Medicine Page(s): 58-60, 98-99.

**Decision rationale:** The patient completed 15 out of 18 approved sessions for physical therapy through 11/13. No discharge report was available indicating progress made with the program. Given the recent completion of an extensive amount of physical therapy it is unclear how additional physical therapy would have reasonably improved overall functional ability for an injury over three years old. No specific goals or expected functional improvement was documented in the last clinical note to support further physical therapy due to exceptional factors. Given the clinical information available it appears the patient could have reasonably continued with a home exercise program for low back exercises. Given the lack of any clear clinical indication for exceptional factors that would reasonably have been addressed with further chiropractic or physical therapy, the request is not medically necessary and appropriate.

#### **TOLECTIN: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAID's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per the MTUS Chronic Pain Guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the request is not medically necessary and appropriate.

#### **SKELAXIN: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the medical records provided for review that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. As such, the request is not medically necessary and appropriate.

**LIDOCAINE PATCHES:** 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 Lidoderm Page(s): 56-57.

**Decision rationale:** Based on the clinical documentation submitted for review, this patient did not meet the clinical indications for use of lidocaine patch. Lidocaine patches can be considered an option in the treatment of neuropathic pain. There should be evidence that the patient has failed a reasonable trial of standard oral medications for neuropathic pain such as antidepressant or anticonvulsant. This was not documented in the clinical records provided. Furthermore the most recent physical examination findings did not identify any clear objective evidence supporting a persistent neuropathic condition that would reasonably have supported the continued use of lidocaine patches. There is also no clear indication of any functional improvement or pain reduction obtained with lidocaine patches to support its ongoing use. As such, the request is not medically necessary and appropriate.

**MRI THORACIC SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The patient did not identify any progressive neurological symptoms in the clinical documentation submitted for review and objectively there was no evidence for a progressive radicular component in the thoracic spine which would have supported an updated MRI of the thoracic spine. Primary complaints were of myofascial and axial low back pain which would not support the request for MRI of the thoracic spine. Therefore the request is not medically necessary and appropriate.

**MAGNETIC RESONANCE IMAGING LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The patient did not present with any evidence of a new or progressively worsening neurological deficit to support a repeat MRI of the lumbar spine. The symptoms were primarily axial in nature. Per the ACOEM Guidelines repeat MRI is only recommended for the lumbar spine when there is evidence of new or progressively worsening/severe neurological deficit. As this was not established in the clinical records provided for review, the request is not medically necessary and appropriate.

**MAGNETIC RESONANCE IMAGING BILATERAL HIPS AND PELVIS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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).

**Decision rationale:** A previous MRI of the hips and pelvis was unremarkable for pathology. There were no other further findings to support suspicions for occult fractures or stress fractures, acute or chronic soft tissue injuries, tumor formation, or other suspected abnormalities that would support the use of MRI per guidelines. Therefore the request is not medically necessary and appropriate.