

Case Number:	CM14-0003745		
Date Assigned:	02/05/2014	Date of Injury:	05/19/2010
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 Physician 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:

This is a 57-year-old male office assistant who sustained an industrial injury on 05/19/2010. A prior utilization review performed on 12/20/13 non-certified a request for lumbar epidural steroid injection QTY 1.00, noting the patient had previously undergone a lumbar epidural steroid injection and reported 40% relief, which did not meet guideline criteria of 50% relief lasting 6-8 weeks with objective evidence of functional benefit and reduction in medication use. Flexeril 5 mg was noncertified, lacking documentation of maintained increase in function or decrease in pain with the use of this medication or with previous Zanaflex, and spasm was not noted on examination. A modified #15 was allowed for the possibility of a weaning process. Aquatic therapy was non-certified lacking documentation of intolerance to land-based therapy for reasons why this patient is unable to attend a land-based therapy program. An MRI of the lumbar spine performed on 11/16/12 noted impression of degenerative spondylosis and facet overgrowth superimposed on developmentally small caliber of the central canal resulting in high-grade central stenosis at L1-T2, L4-5 and L5-S1, and significant foraminal stenosis at the left L5-S1 and to a lesser degree bilaterally at L4-5 and L1-2. Electrodiagnostic studies from 11/03/12 showed evidence for right sciatic neuropathy, probable left sciatic neuropathy and bilateral sural mononeuropathy, left greater than right. Previous treatment has included acupuncture, physical therapy, H-wave therapy, TENS unit, and injections, as well as medications. On 05/07/13 the patient underwent a lumbar epidural steroid injection via interlaminar approach at the bilateral L5-S1. On 05/16/13 follow-up note the patient reported he really did not have much pain the day after the injection however this has increased. He reported a pain level prior to the injection of 9-10/10 and now reduced to 6-9/10. He continued to report about 40% improvement in pain. On most recent progress note dated 01/09/14, the patient complained of

pain in the bilateral shoulders, lower back, bilateral hips and pain radiating down the legs, particularly on the left. Pain was rated at 8/10 on average throughout the past week. Current medications include Cymbalta, ibuprofen, Lidoderm patch, oxycodone, Zanaflex, and cyclobenzaprine. On physical examination there was tenderness to palpation at the bilateral posterior anterior iliac spines. Trigger points palpated in the upper trapezius, mid trapezius, lower trapezius, rhomboid region, gluteus maximus and gluteus medius bilaterally. Shoulder range of motion was restricted. Lumbar range of motion was restricted. Muscle strength was diminished at the right elbow flexion at 4+/5, bilateral hip flexion 4-/5, bilateral knee extension 4+/5, bilateral knee flexion 4/5, left ankle dorsiflexion 4/5, and bilateral ankle plantar flexion 4/5. There were paresthesias to light touch noted throughout the lateral right lower extremity and decreased sensation to light touch noted in the left lower extremity/patellar reflexes could not be elicited bilaterally. Achilles tendon reflex was 1+ on the left and not elicited on the right. Straight leg raise test and slump test he was positive. It was noted the patient's home exercise program should continue to include pool therapy which he is doing quite well with, as this would help to take the stress off his back.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION QUANTITY 1.00: 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.

Decision rationale: The California MTUS guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating with diagnostic imaging, and failure of conservative measures. Furthermore, repeat epidural steroid injections can be considered when there is documented greater than 50% pain relief for six to eight weeks, coupled with objective functional improvement and reduction in medication usage. In this case, the employee previously underwent lumbar epidural steroid injection on 5/7/13 and reported 40% relief. Duration of relief was not reported, nor was there a description of associated functional benefit or reduction in medication use. Thus, the request for repeat epidural steroid injection (level not specified) is not medically necessary.

FLEXERIL 5 MG QUANTITY 50: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 41, 64

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SECTION MUSCLE RELAXANTS (FOR PAIN) PAGES 63-66. Page.

Decision rationale: The California MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.... Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Muscle relaxants are supported for only short-term treatment, and chronic use is not supported by guidelines. Records indicate this employee has been prescribed muscle relaxants for greater than one year. Documentation does not identify presence of spasticity and there is no documentation of significant functional/vocational benefit with the use of muscle relaxants. The request for Flexeril 5mg #50 is not medically necessary.

CONTINUE AQUATIC THERAPY QUANTITY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAGE 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SECTION AQUATIC THERAPY, PAGE 22. Page(s): 22.

Decision rationale: The California MTUS guidelines state "Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." Documentation does not describe the need for a reduced weight bearing environment, or specific musculoskeletal impairments that would prevent performance of a land based program, nor are there noted impairments that would support the need of additional supervised rehabilitation (land or water based) as opposed to performance of a regular self-directed home exercise program. Although it was noted the employee has gained weight since the injury, the employee was not identified as being extremely obese. Given the employee has previously completed aquatic therapy without documented functional benefit, pain relief or reduction in medication use and there is no indication the employee requires non-weight bearing environment, additional aquatic therapy is not medically necessary.