

Case Number:	CM14-0004122		
Date Assigned:	02/12/2014	Date of Injury:	08/02/2006
Decision Date:	06/12/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year-old female who sustained an industrial injury on August 2, 2006. She is status post posterior stabilization fusion and transforaminal lumbar interbody fusion at L4-5 and L5-S1 on July 12, 2012. There are request for the medical necessity of retrospective Cyclobenzaprine 7.5mg #60 (DOS November 8, 2013); retrospective Hydrocodone /APAP 7.5/325 mg, #90 (DOS November 8, 2013), lumbar bone scan, and transforaminal lumbar epidural steroid injection right L3-L4 roots. An office visit on November 8, 2013 revealed that the patient had low back pain which was 8/10 but with medications, her pain level drops to 5/10. She feels increased left sided buttock pain. Her pain had been on the right side in the past but now has moved to the left side. Her left sided complaints are worse than the right. She has now had 24 sessions of chiropractic care. She continues to take Norco three times per day, Flexeril two times per day and Prilosec once per day. She states the Norco helps to decrease her pain and improve her ability to walk. Flexeril helps to decrease her pain and improve her ability to exercise. On physical examination there is tenderness, decreased sensation to the right L3 and L5 dermatomes, 4+/5 weakness of the bilateral psoas, right quadriceps, right hamstrings and EHL. She has a positive straight leg raise on the left and right at 40 degrees with radiation to mid calf. Work status is temporarily partially disabled. An AME on November 11, 2013 revealed that the patient was diagnosed with status post lumbar fusion L4-sacrum on July 12, 2012 and non-industrial right second hammertoe. Recommendations for future medical treatment included a review of the (patient's) CT scan and x-rays, there is no indication for a bone scan. Furthermore, there is no indication for additional chiropractic or acupuncture. However, this patient will require continued prescriptive medication. Further diagnostic testing is not indicated. There is an office visit with her primary treating physician dated August 31, 2013. The patient complained of

low back with occasional aching pain to the mid thigh on the right. Her pain was 4-8/10 and the visual analogue scale. The examination noted decreased sensation to the right L3 and L5 dermatomes. The bilateral psoas, right quads, right hamstrings and EHL were 4+/5. Straight leg raise was positive on the right. She was diagnosed with status post L4 through S1 fusion on July 12, 2012, adjacent segment disease and possible pseudoarthrosis. The treatment plan was for a transforaminal lumbar epidural steroid injection right L3-L4 roots, a bone scan to assess for pseudoarthrosis and additional acupuncture twice a week for four weeks. The report noted the x-rays suggest a possible pseudoarthrosis but not the CT. A bone scan was to clarify if there was a pseudoarthrosis. Work status was modified duty. A CT scan of the lumbar spine without contrast on August 21, 2013 reveals facet arthropathy with postoperative change at L4-L5 and L5-S1 with retrolisthesis at L1-L2, L3-L4 and L5-S1. Neural foraminal narrowing includes L1-L2 mild left, L3-L4 mild-to-moderate right, and L5-S1 moderate right neural foraminal narrowing. An August 28, 2013 physical exam reveals that the patient is tender to palpation at the right sciatic notch. There is decreased sensation to right L3 and L5 dermatomes. Bilateral psoas, right quads, right hamstrings and EHL are 4+/5. Positive straight leg raise on the right at 75° with radiation to mid calf. The treating physician recommends a transforaminal lumbar epidural steroid injection right L3, L4 roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE CYCLOBENZAORINE 7.5 MG, # 60 (DOS 11-8-13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Antispasmodics Page(s): 41-42, 6.

Decision rationale: The request for retrospective Cyclobenzaprine 7.5mg #60 (DOS November 8, 2013) is not medically necessary per the California MTUS guidelines. According to guidelines this medication is not recommended to be used for longer than 2-3 weeks. There have been prior recommendations for weaning Cyclobenzaprine per documentation. From documentation submitted, the patient has been on this medication longer than the 2-3 week recommended period (since her surgery in 2012) without significant improvement in pain or function and therefore the requested Cyclobenzaprine 7.5g #60 (DOS November 8, 2013) is not medically necessary.

RETROSPECTIVE HYDROCODONE/APAP 7.5/325 MG, # 90 (DOS 11-8-13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

Decision rationale: Retrospective Hydrocodone /APAP 7.5/325 mg, #90 (DOS November 8, 2013) is not medically necessary per the California MTUS Chronic Pain Medical Treatment Guidelines. The California MTUS guidelines do not recommending continued opioid medications in the absence of significant improvement in function or pain. The documentation indicates that the patient has been on chronic opioid medications without significant functional or analgesic benefit. The request for Hydrocodone /APAP 7.5/325 mg, #90 (DOS November 8, 2013) is not medically necessary.

BONE SCAN FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 309. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG) Lumbar Spine Bone Scan.

Decision rationale: The lumbar bone scan is not medically necessary per the California MTUS guidelines. The California MTUS ACOEM guidelines state that in an initial course of low back pain work up there is limited research-based evidence that a bone scan can be ordered if there is no improvement in symptoms. The ODG does not recommend bone scan except for bone infection, cancer, or arthritis. A prior AME based on a review of the patients post operative CT scan and x-rays stated that there was no indication for a bone scan. The documentation does not support that there is a suspicion for cancer or bone infection. The imaging study was recommended to evaluate for pseudoarthrosis. The request for a bone scan for the lumbar spine is not medically necessary.

TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION RIGHT L3-L4 ROOTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The transforaminal lumbar epidural steroid injection right L3-L4 roots is not medically necessary per the California MTUS guidelines. The MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy).The patient's physical exam does not have a dermatomal specific distribution of pain with corroborative findings of radiculopathy in an L3-L4 distribution. The request for a transforaminal lumbar epidural steroid injection right L3-L4 is not medically necessary.