

Case Number:	CM14-0006959		
Date Assigned:	02/07/2014	Date of Injury:	03/13/2012
Decision Date:	10/03/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 is a 42 year-old (██████████) female injured in March 2012. The current diagnosis offered is low back pain (724.2). It is also noted that there was a recent flare of the low back complaints with an associated radiculopathy. There were no specific findings noted on physical examination, normal motor and sensory evaluation and a decrease in lumbar range of motion. A repeat lumbar epidural steroid injection was sought. A previous examination reported the same physical examination findings. The treatment plan for the months leading up to this request included injections, chiropractic care and medications. The injured employee was listed as totally disabled. The numerous progress note presented note a rather boilerplate assessment, no noted efficacy or improvement with the treatment is reported. Care is outlined in the AME, however, no specific treatment is discussed or what clinical or functional improvement is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 REFERRAL TO SPECIALIST FOR PAIN MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: When considering the reported date of injury, the clinical assessment noted for the last number of months, the failure to denote the efficacy of the treatment offered, and the parameters noted in the MTUS, there is insufficient clinical data presented to support this request. There are ongoing complainants of pain and no physical examination findings. The diagnosis has been established, and yet the i.e. has continual "flare-ups". There is nothing to be gained with this additional assessment and as such, the request is not indicated.

1 THERAPEUTIC INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The records indicate past injections and there is no reported utility in such procedures. The pain levels are continual and no positive response or increased functionality is noted. There is no clinical indication for such injections are presented.

1 SPINE SURGERY CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM) Chapter 7, page 127.

Decision rationale: When noting the response to the intervention, the minimal changes noted on imaging studies, and given that this is a chronic situation, there is no apparent surgical lesion that would benefit from such an intervention. As such, there is no data presented to suggest a surgical consultation. There are no motor deficits, sensory deficits and only a slight range of motion loss. As no benefit would be gained from surgical intervention and pain is not a surgical indication, there is insufficient clinical data presented to support this request.

18 CHIROPRACTIC THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic lumbar pain Page(s): 58.

Decision rationale: As outlined in the MTUS, chiropractic care for chronic lumbar pain is indicated if the pain is muscular in nature. In this case, there are degenerative changes.

Chiropractic care has also been attempted without success. As such there is no basis for repeating this failed intervention.

18 ACUPUNCTURE THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture can be supported in the acute phase, or up to several months no more than 3 times per week. Continuation is only indicated if improvement is noted. The request is far beyond those parameters and is excessive.

1 PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant.

Decision rationale: The use of muscle relaxant medications is limited to the acute short term when there are flare of muscle related issues. In this case, the monthly progress note indicated ongoing and never ending complaints of muscle spasm. The physical examination does not support the complaints and with the unending complaints, there is no noted efficacy with the use of such a preparation. As such, there is no clinical indication presented in the boilerplate notes to support this request.

1 PRESCRIPTION OF DICLOFENAC XR 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

Decision rationale: This medication has been prescribed numerous times in the last number of months. There is no notation that this has achieved its goal of pain reduction or increased functionality. There is no data presented to support the continued use of this medication.

1 PRESCRIPTION OF OMEPRAZOLE 20 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This medication is generally indicated when non-steroidal are being used. In that non-steroidal medication is not supported, the use of this prophylactic for gastro-intestinal issues is not longer warranted.

Prescription of Ondansetron 4mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated September, 2014.

Decision rationale: This medication is not addressed in either the MTUS or ACOEM guidelines. The parameters noted in the ODG were employed. This medication has been approved for nausea vomiting secondary to chemotherapy, radiation treatment and postoperative period now these clinical situations is noted to have occurred. Furthermore, there are no complaints of nausea vomiting noted in the progress is present for review. Therefore, there is no clinical indication to establish the medical necessity of this medication.

Prescription of Tramadol ER 150mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.