

Case Number:	CM14-0107377		
Date Assigned:	08/01/2014	Date of Injury:	10/05/2006
Decision Date:	10/08/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/10/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 53-year-old female who reported an injury on 10/05/2006 due to an unspecified industrial injury. The injured worker had a history of lower extremity weakness. The injured worker had a diagnosis of chronic cervical musculoligamentous strain/sprain with radiculopathy, chronic lumbar musculoligamentous strain/sprain with radiculopathy, severe deterioration with paraparesis of the lower extremities, tendonitis of the left hip, chronic strain/sprain to the left shoulder with osteoarthritis, impingement syndrome and degenerative joint disease bilateral knees. Past treatments included physical therapy, occupational therapy, gastric bypass, medication, cane, and walker. The MRI dated 04/13/2014 of the cervical spine indicated no abnormalities. The physical examination dated 05/15/2014 revealed no gross sensory deficit, generalized weakness to the legs persist, stiff lumbar spine, and difficulty getting up and walking. The treatment plan included lumbar epidural steroid injections, medications, and home assistance times 8 hours. Medications include Vicodin and Flexeril. No VAS provided. The Request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural nerve blocks QTY: 2.00: Upheld

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

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

Decision rationale: The request for Lumbar epidural nerve blocks QTY: 2.00 is not medically necessary. The California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDS and Muscle Relaxants. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The diagnosis was focused on the cervical spine. The clinical note did not indicate the efficacy of the current medication. The injured worker was to have a gastric bypass to aid with healing from the orthopedic standpoint. However, no documentation was evident. The request does not indicate which levels the epidural nerve block is for. As such, the request is not medically necessary.

Vicodin ES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Vicodin, ongoing management Page(s): 75, 78.

Decision rationale: The request for Vicodin ES is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The documentation was not evident of the efficacy of the cream medication, any adverse side effects or aberrant drug taking behavior. The request did not address the frequency, the dosage, the duration, or the route. As such, the request is not medically necessary.

Flexeril: 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 Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The request for Flexeril is not medically necessary. The California MTUS states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended

to be used for longer than 2-3 weeks. The clinical notes did not indicate the length of time the injured worker had been taking the Flexeril or the efficacy of the Flexeril, and documentation was the injured worker was getting weaker. The request did not indicate the frequency, the dosage, the duration or the route. As such, the request is not medically necessary.

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: The request for Physical therapy is not medically necessary. The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Per the clinical notes, the injured worker had physical therapy however no physical therapy notes were in the documentation for review. The guidelines indicate that physical therapy should be for the early phases of pain treatment. The request did not indicate the amount of sessions, the length of time, or the body location needed for physical therapy. As such, the request is not medically necessary.

Occupational therapy: 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 Chronic pain programs (functional restoration programs) Page(s): 30 & 32.

Decision rationale: The request for Occupational therapy is not medically necessary. The California MTUS Guidelines recommend a functional restoration program when the patient has had an adequate and thorough evaluation including baseline functional testing so follow-up with the same test can note functional improvement; that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted and treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical notes indicated that the injured worker had returned to work at a desk job. The clinical notes did not indicate that the injured worker would be motivated to participate in the program. The documentation did not indicate the efficacy of the Vicodin or the Flexeril. There appears to be little evidence of the effectiveness of the multidisciplinary rehabilitation of the neck and shoulder

pain as opposed to lower back pain. The request did not indicate the number of sessions, length of time, or the body part location. As such, the request is not medically necessary.

Home attendant up to 8 hours per day: 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), Chronic Pain Chapter and Home Health Services, www.odg-twc.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request for Home attendant up to 8 hours per day is not medically necessary. The clinical notes indicated that the injured worker had returned to work to modified duties per the 04/18/2014 clinical notes and her spouse also takes care of her. The documentation had indicated that the injured worker was to participate in the home exercise program after losing 60 pounds. The guidelines indicate that the injured worker be homebound. Per the documentation the injured worker is not homebound. As such, the request is not medically necessary.