

Case Number:	CM14-0108249		
Date Assigned:	08/01/2014	Date of Injury:	04/17/2003
Decision Date:	08/29/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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, 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 65-year-old female who reported an injury on 04/17/2003. The mechanism of injury was not provided. The injured worker had history of post-traumatic headaches, chronic myofascial pain syndrome, status post surgery to the lumbar spine, status post removal of hardware, mild to moderate bilateral S1 radiculopathy, mild bilateral L5 radiculopathy, status post surgery on the left rotator cuff, status post surgery to the left knee. The injured worker's past treatments included medication, trigger point injections, aqua therapy, steroid injections, and urine drug screen. On 06/16/2014, the injured worker was in for evaluation. She had constant intractable low back pain that was well controlled with medications so that she was able to perform activities of daily living well. She received greater than 50% improvement for 3 months after receiving epidural steroid injection in 02/2014. She ambulated with aid of a cane and/or a walker. The injured worker stated she felt depressed and rated her depression a 7/10. She had trouble sleeping due to pain and depression. She had not returned to work. Upon exam, there were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal trapezius, levator scapular, scalene, infraspinatus, thoracic and lumbar paraspinals musculature as well as the gluteal musculature. Range of motion of the bilateral knees was slightly restricted in all directions. Medications included Percocet 10/325 mg (1 tab every 8 hours), Topamax 100 mg (1 tablet twice a day for controlling migraine headaches), and Flexeril 10 mg (1 tablet twice a day for muscle spasms). The treatment plan was for epidural steroid injection, medications, and drug screen. The rationale was the epidural steroid injection to the lumbar spine in 2/ 2014 provided greater than 50% improvement for 3 months. The Request for Authorization forms were dated 06/16/2014 and 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary; Official Disability Guidelines - Treatment in Workers Compensation, Low Back Procedure Summary; Official Disability Guidelines - Treatment in Workers Compensation, Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: 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. Non-sedating muscle relaxants should be used with caution as a second line option for short term treatment acute exacerbation in patients with chronic low back pain. The medication is not supported for long term use. There was no frequency or dosage provided within the request. As such, the request is not medically necessary.

Cervical Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary; Official Disability Guidelines - Treatment in Workers Compensation, Low Back Procedure Summary; Official Disability Guidelines - Treatment in Workers Compensation, Knee and Leg Procedure Summary.

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

Decision rationale: 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 inter-laminar level should be injected at one session. California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. There is a lack of documentation as to the level the injection would be given within the request. There is a lack of documentation of imaging to confirm or rule out cervical radiculopathy. As such, the request is not medically necessary.

Aquatic Therapy 3 times a week for 4 weeks for bilateral knees and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary; Official Disability Guidelines - Treatment in Workers Compensation, Low Back Procedure Summary; Official Disability Guidelines - Treatment in Workers Compensation, Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy that is specifically recommended where reduced weight bearing is desirable. The guidelines indicate the treatment for Myalgia and myositis is 9-10 visits and for Neuralgia, neuritis, and radiculitis, it is 8-10 visits. The injured worker has constant pain in her knees and back. Her pain was controlled with medications. The injured worker had restrictions in ambulation and uses a cane or walker. The injured worker had received aquatic therapy previously. The additional 12 sessions of physical therapy would be in excess of the guidelines' recommendations. As such, the request is not medically necessary.

Urinary Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary; Official Disability Guidelines - Treatment in Workers Compensation, Low Back Procedure Summary; Official Disability Guidelines - Treatment in Workers Compensation, Knee and Leg Procedure Summary.

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

Decision rationale: California MTUS indicates that the use of urine drug screening is for patients with documented issue of abuse, addiction, or poor pain control. There is a lack of documentation of abuse or addiction to the pain medication. There was insignificant documentation of the results of the latest drug screen on 05/05/2014 to establish the need for another test. As such, the request is not medically necessary.