MAXIMUS Federal Services

Case Number:	CM14-0109661		
Date Assigned:	08/08/2014	Date of Injury:	09/05/1992
Decision Date:	09/15/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/15/2014

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 Interventional Spine 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 patient is a 53-year-old male with date of injury of 09/05/1992. The listed diagnoses per [redacted] dated 07/09/2014 are: 1. Low back pain. 2. Foot pain. 3. Radiculitis due to displacement of the lumbar disk. According to this report, the patient complains of low back pain and leg pain. The patient had a recent flareup which moved to the right hip. He used a stimulator to manage the pain but he needs new supplies. The pain radiates to the right buttock, right posterior thigh, right anterior thigh, left and right calf, and right foot. He describes the pain as constant, moderate in intensity, sharp, throbbing, and aching. The physical exam shows sensory deficit noted on the right L4 and right L5 distribution. Deep tendon reflexes are 2/4 on the left patellar, 2/4 in the right patellar. Muscular strength is 5/5. There is pain upon external rotation of the right hip. The utilization review denied the request on 07/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG on MRIs (magnetic resonance imaging).

Decision rationale: This patient presents with a low back pain. The treater is requesting an MRI of the lumbar spine. The ACOEM Guidelines page 303 on MRI for back pain states that unequivocal findings that identify specific nerve compromise under neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study.
In addition, ODG states that MRI is not recommended after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved forsignificant change in symptoms and/or suggestive of significant pathology including tumor, infection, fracture, nerve compression, and recurrent disk herniation. The records show that the patient received an MRI in 2007 and 2009. However, these reports were not available for review. The progress report dated 07/09/2014 notes sensory deficit on the right L4 and L5 distribution with deep tendon reflexes of 2/4. The patient complains of radiating pain to the right buttock, right posterior thigh, right anterior thigh, left and right calf, and right foot. In addition, the treater notes that the patient has been having increased pain and functional decline and wanted to discuss imaging studies to identify a pain generator. However, the patient has had two prior MRI's. There are no new injuries, no progressive neurologic deficit such as worsening weakness and no red flags such as gait problems/bowel and bladder problem. Repeat MRI's are not indicated for worsening subjective symptoms or for chronic pain. Therefore, this request is not medically necessary.

IF unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with a low back pain. The treater is requesting an IF unit. The MTUS Guidelines page 118 to 120 states that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. In addition, a 1-month trial may be appropriate to permit the treater to study the effects and benefits of its use. The records do not show that the patient has trialed an IF unit. In this case, MTUS requires a trial of an IF unit to determine its efficacy in terms of function and pain reduction. Therefore, this request is not medically necessary.

IF unit supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with a low back pain. The treater is requesting an IF unit supplies. The MTUS Guidelines page 118 to 120 states that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. In this case, the patient already has an IF unit but the treater does not mention how often it is being used with what benefit. On-going use of these units are not supported if there is no evidence of pain reduction with functional gains. Therefore, this request is not medically necessary.

Continue Acupuncture(unspecified body part/ duration/frequency): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with a low back pain. The treater is requesting continued acupuncture (unspecified body part/duration/frequency). The MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records note that the patient has received some 14 acupuncture visits in the past. However, no acupuncture therapy reports were provided for review. The treater does not mention anything about efficacy in terms of medication reduction as well as functional improvement while utilizing acupuncture treatments. Furthermore, the treater did not specify the duration and frequency of treatment. Therefore, this treatment is not medically necessary.

Neurontin 100mg #120 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Pregabalin:Gabapentin (Neurontin) Page(s): 18, 19, 49.

Decision rationale: This patient presents with a low back pain. The treater is requesting Neurontin 100 mg, quantity #120, with 3 refills. The MTUS Guidelines page 18 and 19 on gabapentin (Neurontin and Gabarone) has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The records show that the patient has been taking Neurontin since 2013. MTUS page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. None of the 93 pages of reports document medication efficacy as it relates to the use of Neurontin. Therefore, this request is not medically necessary.

Neurontin 800mg # 120 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Pregabalin:Gabapentin (Neurontin) Page(s): 18, 19, 49.

Decision rationale: This patient presents with a low back pain. The MTUS page 63 to 66 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In addition, Skelaxin is reported to be a relatively non-sedating muscle relaxant. However, long-term use of muscle relaxants is not recommended by the MTUS Guidelines. The records show that the patient has been on Skelaxin since 2013. In this case, MTUS does not support the long-term use of this medication. Therefore, this request is not medically necessary.

Skelaxin 800mg # 90 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) MTUS Page(s): 63-66.

Decision rationale: This patient presents with a low back pain. The MTUS page 63 to 66 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In addition, Skelaxin is reported to be a relatively non-sedating muscle relaxant. However, long-term use of muscle relaxants is not recommended by the MTUS Guidelines. The records show that the patient has been on Skelaxin since 2013. In this case, MTUS does not support the long-term use of this medication. Recommendation is for denial.