

Case Number:	CM14-0132448		
Date Assigned:	08/22/2014	Date of Injury:	04/23/2012
Decision Date:	09/29/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/19/2014

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:

According to the records made available for review, this is a 59-year-old male with a 4/23/12 date of injury. At the time (6/10/14) of request for authorization for Quick Draw Belt, Trigger Point Injections (Unspecified), Fexmed 7.5g #60, and C/S Traction for home use, there is documentation of subjective (left shoulder pain with weakness and limited range of motion; neck pain with radiation to the left upper arm; and low back pain radiating to the bilateral lower extremities) and objective (decreased lumbar range of motion with tenderness to palpation over the paraspinals with spasms; decreased cervical range of motion with tenderness over the paraspinals and trapezius; and left shoulder decreased range of motion with positive impingement tests) findings, current diagnoses (cervical sprain/strain with left upper extremity radiculopathy, lumbar sprain/strain with radiculopathy, bilateral shoulder sprain/strain with impingement, and bilateral upper extremity overuse syndrome), and treatment to date (ongoing therapy with Fexmid and Norco with increased activities of daily living; and physical therapy). In addition, medical report identifies a request for lumbar spine support (quick draw belt) to improve coordination and improve activities of daily living; trigger point injections to trapezius/scapulae; and cervical traction to manage pain and muscle spasm, and improve/maintain range of motion. Regarding Quick Draw Belt, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Regarding Trigger Point Injections (Unspecified), there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; failure of additional medical management therapies such as muscle relaxants have failed to control pain; and no more than 3-4 injections per session. Regarding Fexmed 7.5g #60, there is no documentation of acute exacerbation of chronic pain and short-term (less than two weeks) treatment. Regarding C/S Traction for home

use, there is no documentation of traction to be used in conjunction with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quick Draw Belt: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines: Online Back Chapter- Lumbar Supports www.aspenmp.com/index.php/products/lower-spine/quikdraw-rap/.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar Support; and Back Brace, post operative (fusion).

Decision rationale: MTUS reference to ACOEM identifies that lumbar support have not been shown to have any lasting benefit beyond acute phase of symptom relief. ODG identifies documentation of compression fractures, spondylolisthesis, or documented instability, as criteria necessary to support the medical necessity of lumbar support. ODG also notes that post operative back brace is under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain with left upper extremity radiculopathy, lumbar sprain/strain with radiculopathy, bilateral shoulder sprain/strain with impingement, and bilateral upper extremity overuse syndrome. In addition, there is documentation of a request for lumbar spine support (quick draw belt) to improve coordination and improve activities of daily living. However, there is no documentation of compression fractures, spondylolisthesis, or documented instability. Therefore, based on guidelines and a review of the evidence, the request for Quick Draw Belt is not medically necessary.

Trigger Point Injections (Unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines, http://www.odg-twc.com/odgtwc/low_back.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; radiculopathy is not present (by exam, imaging, or neuro-testing); and no more than 3-4 injections per session, as criteria

necessary to support the medical necessity of trigger point injections. Additionally MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months, as criteria necessary to support the medical necessity of repeat trigger point injections. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain with left upper extremity radiculopathy, lumbar sprain/strain with radiculopathy, bilateral shoulder sprain/strain with impingement, and bilateral upper extremity overuse syndrome. In addition, there is documentation of a request for trigger point injections to the trapezius/scapulae. Furthermore, there is documentation that medical management therapies such as ongoing stretching exercises and physical therapy have failed to control pain; and radiculopathy is not present (by exam). However, there is no documentation of myofascial pain syndrome; circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; and symptoms have persisted for more than three months. In addition, given documentation of an associated request for Fexmid, there is no documentation of failure of additional medical management therapies such as muscle relaxants have failed to control pain. Furthermore, given documentation of a request for Trigger Point Injections, there is no (clear) documentation of no more than 3-4 injections per session. Therefore, based on guidelines and a review of the evidence, the request for Trigger Point Injections (Unspecified) is not medically necessary.

Fexmed 7.5g #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain with left upper extremity radiculopathy, lumbar sprain/strain with radiculopathy, bilateral shoulder sprain/strain with impingement, and bilateral upper extremity overuse syndrome. In addition, there is documentation of muscle spasms. Furthermore, given documentation of increased activities of daily living with Fexmed, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Fexmed. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Fexmid, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Fexmed 7.5g #60 is not medically necessary.

C/S Traction for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines Online : Cervical Autotractor.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction.

Decision rationale: MTUS reference to ACOEM guidelines identifies that traction is not recommended for managing neck and upper back complaints. ODG identifies that home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces) is recommended for patients with radicular symptoms, in conjunction with a home exercise program. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain with left upper extremity radiculopathy, lumbar sprain/strain with radiculopathy, bilateral shoulder sprain/strain with impingement, and bilateral upper extremity overuse syndrome. In addition, there is documentation of radicular symptoms. However, despite documentation of a request for cervical traction to manage pain and muscle spasm, and improve/maintain range of motion, there is no documentation of traction to be used in conjunction with a home exercise program. Therefore, based on guidelines and a review of the evidence, the request for C/S Traction for home use is not medically necessary.