

Case Number:	CM14-0152392		
Date Assigned:	10/23/2014	Date of Injury:	08/24/2011
Decision Date:	11/20/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/18/2014

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 Emergency Medicine 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 45-year-old female who reported an injury on 08/24/2011, while during the course of employment, doing her customary duties as an agricultural worker, the day was very hot (about 110 degrees), and she was pulling weeds and hoeing. At about 2 o'clock in the afternoon, the injured worker began to feel weak. When she bent over at the waist, she remembers losing consciousness and falling to the ground. Diagnoses were displacement of lumbar intervertebral disc without myelopathy and neural foraminal narrowing of the lumbar spine. Past treatments were 2 lumbar epidural steroid injections, chiropractic sessions, TENS unit, and a back brace. The injured worker reported she had 2 to 3 sessions of chiropractic sessions, and stated that they were not helpful. The injured worker had a CAT scan of the lumbar spine dated 02/26/2014 that revealed no fracture; no acute finding; mildly patent spinal canal; possible foraminal stenosis at the L4-5 on the left. L5-S1 broad based disc protrusion without surgery spinal for foraminal stenosis; the L4-5 asymmetric bulging annulus, worse on the left; possible foraminal stenosis on the left canal and right foramen widely patent. It was noted that the injured worker underwent left hand surgery in 1999. The injured worker also suffered a fracture to her right hand in 2013. Physical examination dated 09/17/2014 revealed complaints of pain in the lumbar spine that was rated an 8/10. There were complaints of pain that radiated down the right hip and leg and was reported to be an 8/10. Examination revealed the injured worker had a positive stoop test and walked with a cane. It was reported at this examination that the injured worker's exam findings were unchanged from the previous examination. Examination revealed flexion was to 20 degrees, a spasm was initiated; extension was to 5 degrees, spasm was initiated; right and left lateral flexion was to 10 degrees with spasm. There was a positive right sciatic nerve stretch test; positive bilateral straight leg lifts at 20 degrees. There was also a positive paraspinal tenderness to percussion. Medications were naproxen 550, 1

twice a day, omeprazole 20 mg, one a day; tramadol 50 mg, 1 tablet 3 times a day as needed; and cyclobenzaprine 10 mg, one twice a day as needed; zolpidem 10 mg 1 at bedtime as needed. Treatment plan was for chiropractic treatments 2 times over a 6 week period, and medications. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic treatments and physiotherapy sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The decision for 12 chiropractic treatments and physiotherapy sessions is not medically necessary. The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions; and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for re-evaluation of prior treatment. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand, or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks, and at 8 weeks, patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. It was reported that the injured worker had prior chiropractic therapy sessions with no reported documentation of objective functional improvement. The injured worker also reported that she did not get any pain relief or any functional improvement from the chiropractic sessions. The clinical information submitted for review did not provide evidence to justify 12 chiropractic treatments and physiotherapy sessions. Therefore, this request is not medically necessary.

Psychiatric evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-101.

Decision rationale: The decision for psychiatric evaluation is not medically necessary. The California Medical Treatment Utilization Schedule states that psychological evaluations are recommended. A psychological evaluation is a generally accepted, well established diagnostic

procedure, not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury, or are work related. Psychosocial evaluation should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. In the physical examination dated 09/17/2014, it was noted that the injured worker had complained of depression symptoms, but still denied wanting to harm herself or others. It was not reported that the injured worker was on any type of antidepressant medication. It was not reported that the injured worker had taken any antidepressant medication in the past. There was no clear rationale submitted detailing a clear indication for the request of a psychiatric evaluation. Therefore, this request is not medically necessary.

X-Ray of Lumbar spine 7V including SI joints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The decision for x-ray of lumbar spine 7V, including SI joints is not medically necessary. The California/ACOEM states that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aide in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Reliance solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began; and therefore, has no temporal association with the symptoms. The injured worker had a CT scan of the lumbar spine dated 02/26/2014. There were no red flag signs or symptoms reported from the physical examination to warrant x-ray of the lumbar spine, 7 views, including the SI joints. There was no clear rationale detailing a clear indication for x-rays of the lumbar spine. Based on the lack of documentation detailing a clear indication for the decision of an x-ray of the lumbar spine, 7V including SI joints, this request is not medically necessary.

MRI of the Lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The decision for MRI of the lumbar spine is not medically necessary. The California ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging (MRI) for neural or other soft tissue, computed tomography (CT) for bony structures). Imaging studies should be reserved for cases in which surgery is considered or a red flag diagnosis is being evaluated. The injured worker had an MRI in 2012. The injured worker did not have a red flag sign or symptom upon examination dated 09/17/2014. It was not reported that the injured worker was considering surgery an option. It was not reported that the neurological examination was unclear. There were no unequivocal objective findings that identified specific nerve compromises on the neurologic examination. The clinical information submitted for review does not provide evidence to justify an MRI of the lumbar spine. Therefore, this request is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 82,93,94,113, 78.

Decision rationale: The decision for tramadol 50 mg, quantity 90, is not medically necessary. The California Medical Treatment Utilization Schedule states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain, and it is not recommended as a first line oral analgesic. California Medical Treatment Utilization Schedule recommends that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The injured worker had an appointment with the orthopedic in 08/2014, where she was started on the tramadol. Physical examination dated 09/17/2014 did not report any objective functional improvement from taking this medication. Also, the 4 A's for ongoing monitoring were not reported. Furthermore, the request does not indicate a frequency for the medication. In the absence of documentation regarding the requested tramadol 50 mg, quantity 90, this request is not medically necessary.

Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,64.

Decision rationale: The decision for cyclobenzaprine 10 mg, quantity 60, is not medically necessary. The California Medical Treatment Utilization Schedule 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 to 3 weeks. It is unknown when the injured worker started on this medication. Due to the fact that the provider did not indicate a frequency for the medication, this request is not medically necessary.