MAXIMUS Federal Services

Case Number:	CM14-0020678		
Date Assigned:	06/11/2014	Date of Injury:	05/30/2013
Decision Date:	07/29/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 & 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 58-year-old male with a reported injury on 05/30/2013. The mechanism of injury was described as a fall. The clinical note, dated 01/08/2014, reported that the injured worker complained of lower back pain with pain, numbness, and weakness to the right lower extremity. The physical examination revealed lumbar range of motion demonstrated flexion to 40 degrees, extension to 10 degrees, right lateral flexion to 10 degrees, left lateral flexion to 20 degrees, right rotation to 20 degrees, and left rotation to 10 degrees. It was reported that there were multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature, as well as in the gluteal muscles. The sensory perception revealed fine touch with pinprick was decreased in the posterior and lateral aspect of the right thigh. The injured worker's diagnoses included chronic myofascial pain syndrome, thoracolumbar spine; and numbness and weakness with pain to the right leg. The injured worker's prescribed medication list included Norco and Flexeril. The provider requested nerve conduction velocity study of the right leg for the evaluation of persistent pain, numbness, and weakness; Norco for pain, Flexeril for muscle spasms, and aquatic therapy exercises on daily basis. The request for authorization was submitted on 02/14/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity Studies of the right leg: 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), Low Back & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

Decision rationale: The request for nerve conduction velocity studies of the right leg is not medically necessary. The injured worker complained of low back pain with pain, numbness, and weakness of the right leg. The treating physician's rationale for the nerve conduction velocity is to evaluate the numbness and weakness of the right leg. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The guidelines indicate that nerve conduction studies are not recommended. Nerve conduction velocity studies are generally performed when there is evidence of peripheral neuropathy. There is a lack of evidence to suggest peripheral neuropathy to warrant a nerve conduction velocity. As such, the request is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and Opioids, criteria for use Page(s): 78, 91.

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The injured worker complained of low back pain with pain, numbness, weakness to the right leg. The treating physician's rationale for Norco is for the treatment of pain. The California MTUS guidelines state that Norco is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of clinical information provided documenting the efficacy of Norco as evidence by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary.

Flexeril 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 (Flexeril) Page(s): 41-42.

Decision rationale: The request for Flexeril 10 mg quantity 60 is not medically necessary. The injured worker complained of lower back pain with pain, numbness, and weakness of the right leg. The treating physician's rationale for Flexeril is for mild pain and muscle spasms. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided documenting the efficacy of Flexeril as evidenced by decreased muscle spasms, decreased pain, and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary.

Unknown Sessions of Aquatic Therapy to be perfomed at agym or [redacted]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request for unknown sessions of aquatic therapy to be performed at a gym or [redacted] is not medically necessary. The injured worker complained of low back pain. The treating physician's rationale for aquatic therapy was for exercise. The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Within the provided documentation, an adequate and complete assessment of the injured worker's functional condition is not provided; there is a lack of documentation indicating the injured worker has significant functional deficits. Furthermore, there is a lack of clinical information indicating the rationale of aquatic therapy rather than a land based physical therapy. In addidtin the requesting provider did not provide the amount of sessions being requested. As such, the request is not medically necessary.