

Case Number:	CM14-0022536		
Date Assigned:	05/16/2014	Date of Injury:	10/16/2012
Decision Date:	07/14/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 23-year-old female who reported an injury on 10/16/2012. The mechanism of injury not cited within the documentation provided. In the clinical notes dated 12/02/2013, the injured worker reported increased back pain that radiated down both legs to her feet. She rated her back pain at 10/10 on the pain level scale. It was noted that the injured worker's prior treatments included 23 visits of acupuncture and 24 visits of chiropractic treatment, which she stated helped decrease her pain temporarily. Prior imaging included an unofficial MRI (magnetic resonance imaging) of the lumbar spine dated 11/26/2012 which revealed L4-5 6mm disc protrusion with a zone of high signal intensity resulting in bilateral foraminal narrowing and impingement on existing nerve roots bilaterally with mild spondylolisthesis, and L3-4 and L5-S1 a 4 to 5mm broad-based disc protrusion with a zone of high signal intensity resulting in foraminal narrowing and impingement of existing nerve roots as described above. It was also noted an unofficial electromyography (EMG)/NCS (nerve conduction study) of the bilateral lower extremities dated 10/28/2013 was normal. The physical examination of the lumbar spine revealed decreased range of motion in all planes and limited back pain. The physical examination of the lower extremities noted sensation to be intact. The diagnoses included grade 1 spondylolisthesis L4-5 and herniated nucleus pulposus of the lumbar spine. The treatment plan included a continued request for transforaminal epidural steroid injection bilaterally at L4-5, eight visits of physical therapy for the back due to recent severe flare-up, a prescription for Norco 5/325 mg #30 (to be taken every 12 hours as needed for her pain), and a prescription for Flexeril 7.5 mg #30 (to be taken every 12 hours as needed for muscle spasms). The injured worker was advised not to take oral anti-inflammatories due to her history of ulcers. The injured worker was advised to follow up as scheduled in 4 weeks for a re-evaluation and further discussion at that time. The Request for Authorization for the diagnosis of

grade 1 spondylolisthesis L4-5 and herniated nucleus pulpous of the lumbar spine for the prescription of cyclobenzaprine 7.5 tablets #30, transforaminal epidural injection bilaterally at L4-5, and 8 visits of physical therapy for the back was submitted on 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI) BILATERAL L4 AND L5: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that epidural injections are recommended as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria for the use of epidural steroid injections include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercise, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants); injections should be performed using fluoroscopy (live x-ray) for guidance; no more than 2 nerve root levels should be injected using foraminal blocks; and no more than 1 inter-laminar level should be injected in one session. The guidelines note that the purpose of epidural steroid injections (ESI) is to reduce pain and inflammation, restore range of motion, and thereby facilitate progress in more active treatment programs and avoid surgery. However, this treatment alone offers no significant long term functional benefit. In the clinical notes provided for review, it is annotated in the unofficial electromyography (EMG)/NCS (nerve conduction study) of the bilateral lower extremities dated 10/28/2013 read as normal. Also, the physical examination failed to provide evidence of radiculopathy to include a positive or negative straight leg raise or neurological/functional deficits. It is only noted that the range of motion of the lumbar spine was decreased in all planes. It is also annotated that the injured worker had previous treatments of acupuncture and chiropractic treatment which helped decrease her pain temporarily. However, there are no other forms of conservative therapies such as home exercise programs or other modalities and their efficacies or lack thereof annotated. Furthermore, the request does not indicate if the injections are to be performed using fluoroscopy for guidance, which is recommended in the guidelines. Therefore, the request for transforaminal epidural steroid injection bilateral L4-5 is non-certified.

PHYSICAL THERAPY, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR LUMBAR SPINE: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that physical therapy is recommended based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort from the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. The injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The request for physical therapy is 8 to 10 visits over 4 weeks, allowing for the fading of treatment frequency (from up to 3 visits a week to 1 or less) plus active self-directed home physical medicine. In the clinical notes provided for review, there is a lack of documentation of the injured worker having neurological or functional deficits. In the physical examination within the clinical notes, it is annotated that the injured worker had decreased range of motion of the lumbar spine; however, did not include objective measurements to support significant deficits that would support the necessity of additional formal therapy versus a home exercise program. The request does not indicate the frequency of the physical therapy requested. Therefore, the request for physical therapy, lumbar spine #8 is non-certified.

CYCLOBENZAPRINE 7.5MG # 30: Upheld

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

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

Decision rationale: The California guidelines state that muscle relaxants are recommended as a second line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation of chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and it comes at the price of adverse effects. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. The dosing of cyclobenzaprine is 5mg 3 times a day, which can be increased to 10mg 3 times a day. This medication is not recommended to be used for longer than 2 to 3 weeks. In the clinical notes provided for review, there is a lack of documentation of the injured worker having muscle spasms within the physical examination. The physical examination only annotated that there was a decreased range of motion in the lumbar spine in all planes limited by pain and there were no muscle spasms noted

on examination. Also, the injured worker indicated that her back pain overall status was at 10/10 on the pain scale. However, it is not noted if this was with or without prescribed medications. The efficacy of the medication was not provided for review to support continuation. Furthermore, the request lacks the frequency of which cyclobenzaprine 7.5 mg is to be taken. Therefore, the request for cyclobenzaprine 7.5mg #30 is non-certified.