

Case Number:	CM14-0023329		
Date Assigned:	05/12/2014	Date of Injury:	10/26/2005
Decision Date:	12/31/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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 Pain 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:

This is a patient with a date of injury of 10/26/05. A utilization review determination dated 2/4/14 recommends non-certification of urology consultation, Botox, cold/heat packs, and inversion table. 12/17/13 medical report identifies that cervical ESI on 6/17/13 gave 56-70% pain relief of neck and upper extremity radicular symptoms, with more activity, increased ROM, and 50% less requirement for medications. Patient also had lumbar ESI 9/12/13 with very good benefit. Patient is depressed and complaints of left SI joint pain radiating to the left groin and perineum with burning pain, episodes of urinary and fecal incontinence, and urinary frequency. There is also constant bruxism and grinding of the teeth that cause headaches, jaw pain, and she has numerous dental caries and chipped teeth. She relates this to the constant anxiety and depression related to the long-term disability and the constant use of medication. Trigger joint injections into the maxillary muscles help significantly. The oral surgeon recommended botulinum toxin in that region as well as the neck and base of the skull for headaches. On exam, there is tenderness, number out trigger points, decreased ROM, LUE "4/4+" compared to 5/5 in the RUE, sensation decreased along the lateral arm and forearm, left > right. There was lumbar tenderness with limited ROM, motor testing 4-4+/5, decreased sensation posterior lateral thighs and calves bilaterally in approximately the L5 distribution. SLR positive on the right at 45 degrees and left at 60 degrees with radicular pain. Recommendations include lumbar ESI, evaluation for a multidisciplinary FRP, medications, urology consultation; trigger point injections, botulinum toxin to help with headache symptoms, cold/heat packs for the lumbar spine, and an inversion table. The neurosurgeon has recommended spine surgery, but the patient wishes to avoid this if possible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urologic Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Office visit guidelines, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for urology consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has symptoms of groin pain with urinary frequency and incontinence. The provider suspects that these are related to lumbar radiculopathy, but it is reasonable to rule out any urological cause of these symptoms. In light of the above, the currently requested urology consultation is medically necessary.

Botox Injection 300 units to the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Botulinum Toxin

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: Regarding the request for Botox, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, the requesting physician has suggested that the botulinum toxin will be injected for the patient's headache and there is no documentation of symptoms/findings consistent with cervical dystonia. In light of the above issues, the currently requested Botox is not medically necessary.

Cold/Heat packs for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines-Cold/heat packs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs

Decision rationale: Regarding the request for a cold/heat packs, California MTUS and ODG do support the use of simple cold and heat packs in the management of low back pain. In light of the above, the currently requested cold/heat packs are medically necessary.

Inversion table to decompress the lumbar and to a lesser extent the cervical spine:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home inversion table and Traction

Decision rationale: Regarding the request for an inversion table, CA MTUS and ACOEM state that traction has not been proved effective for lasting relief in treating low back pain. ODG states traction is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. Within the information made available for review, the patient has a longstanding low back injury with positive findings on exam. Lumbar surgery has been recommended, but the patient wished to avoid surgical intervention if possible. A patient-controlled inversion table is reasonable when utilized in conjunction with an independent home exercise program. In light of the above, the currently requested inversion table is medically necessary.