

Case Number:	CM14-0029304		
Date Assigned:	06/20/2014	Date of Injury:	02/03/2011
Decision Date:	08/12/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/03/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 02/03/2011. The mechanism of injury was not provided. On 05/28/2014, the injured worker presented with increased low back pain and pinching of both sciatic nerves. She reportedly performed Zumba several times a day. Upon examination, the injured worker had hypertonic spasms to the right L1-3 and gluteal muscles were hypertonic bilaterally. The diagnoses were degenerative lumbar intervertebral disc, degeneration of the cervical intervertebral disc, and lumbar post-laminectomy syndrome. Treatment included yoga, H-wave treatment, and medications. The provider recommended Percocet, 6 months of yoga, and trigger point injections. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months of yoga: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for 6 months of yoga is not medically necessary. The California MTUS recommend yoga as an option only for select, highly motivated injured workers. There is considerable evidence of efficacy of mind body therapy such as yoga in the treatment of chronic pain. The outcomes from this therapy are very dependent on highly motivated injured workers. The provider did not include the site which the yoga sessions were intended for or the frequency of the visits. There was lack of evidence of objective functional deficits, as well as a baseline to measure functional improvement for the requested yoga sessions. Additionally, the documentation stated that the injured worker performs yoga several times a day. There are no significant barriers to transitioning the injured worker to an independent home yoga regimen. As such, the request is non-certified. As such, the request is not medically necessary.

Percocet 10/325 mg, # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78.

Decision rationale: The request for Percocet 10/325 mg #120 is not medically necessary. California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the injured worker had been prescribed Percocet since at least 02/2014. The efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Trigger poin tinjections (x9 total) administered to the left L4 paraspinal muscle, left L5 paraspinal muscle and left gluteal: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: The request for trigger point injections x9 administered to the left L4 paraspinal muscle, left L5 paraspinal muscle, and left gluteal is not medically necessary. California MTUS Guidelines recommend trigger point injections for myofascial pain is indicated with limited lasting value and is not recommended for radicular pain. Trigger point injections with a local anesthetic may be recommended for treatment of chronic low back pain or neck pain with myofascial pain syndrome when documentation of a circumscribed trigger point with evidence of a twitch upon palpation, as well as referred pain, symptoms persisting more than 3 months, conservative management therapy has failed to control pain, radiculopathy is not

present, and no more than 3 to 4 injections per site. There is lack of documentation failure of conservative therapies, no evidence of a twitch response upon palpation, and an adequate examination of the injured worker was not provided detailing current deficits to warrant a trigger point injection. As such, the request is not medically necessary.