

Case Number:	CM14-0036815		
Date Assigned:	06/25/2014	Date of Injury:	06/29/2011
Decision Date:	07/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/26/2014

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 50-year-old male who reported an injury on 06/29/2011. The mechanism of injury was a slip and fall. The diagnoses include status post anterior fusion at C4-6, bilateral upper extremity radiculitis, hypertrophy with neural foraminal narrowing. Previous treatments include a left central nerve root MRI, physical therapy, cervical fusion, NCV. Within the clinical note dated 02/03/2014, reported the injured worker complained of moderate to severe low back pain radiating to the bilateral legs with numbness and tingling as well as burning sensation in the bilateral feet, right side greater than left. The injured worker reported the low back pain is increased with prolonged sitting and standing. He reported severe neck pain, which radiated to the bilateral arms with numbness and tingling, as well as burning sensation in the left arm. The injured worker also complained of spasms in the cervical spine and lumbar spine. Upon the physical examination of the cervical spine the provider noted tenderness to palpation with muscle guarding and spasms present over the paravertebral musculature and bilateral upper trapezius muscles. The injured worker had a positive axial compression test eliciting radicular symptoms to the left upper extremity. The range of motion of the cervical spine was flexion at 41 degrees and extension at 42 degrees. The provider noted sensation was decreased along the C6 and C7 dermatomes. The provider requested Robaxin and a urological consult. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750 MG TABLETS QTY:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63, 64.

Decision rationale: The request for Robaxin 750 mg tablets quantity 60 is not medically necessary. The injured worker complained of moderate to severe low back pain radiating to the bilateral legs with numbness and tingling as well as burning sensation in the bilateral feet, right side greater than left. The injured worker also complained of spasms in the cervical spine and lumbar spine. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used longer than 2 to 3 weeks. 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 NSAIDs in pain and overall improvement. There is lack of objective findings indicating the efficacy of the medication as evidenced by a significant objective functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker had been utilizing the medication since, at least, 02/2014, which exceeds the guidelines recommendation of short-term use for 2 to 3 weeks. Therefore, the request for Robaxin 750 mg tablets quantity 60 is not medically necessary.

UROLOGICAL CONSULT QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator 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), Chapter 7,page 127 regarding Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Office Visits.

Decision rationale: The request for urological consult times 1 is not medically necessary. The injured worker complained of moderate to severe low back pain radiating to the bilateral legs with numbness and tingling as well as burning sensation in the bilateral feet, right side greater than left. The injured worker also complained of spasms in the cervical spine and lumbar spine. The California MTUS/American College of Environmental Medicine Guidelines state physician follow-up can occur when a release to modified increased or full duty is needed or after appreciable healing or recovery can be expected on average. In addition, the Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to the office of medical doctors play a crucial role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for clinical office visits with a health care provider is individualized based upon a review of the

patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgments. The determination is based on what medication the patient is taking since some medicines, such as opioids, or medicines such as certain antibiotics require close monitoring. As patients conditions are extremely varied a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from health care system through self-care as soon as clinically feasible. There is lack of documentation indicating the injured worker to have any urological signs and symptoms or diagnosis. Provider's rationale for the request was not provided. The clinical documentation does not warrant the medical necessity for a urological consult. Therefore, the request for 1 urological consult is not medically necessary.