Case Number:	CM14-0060831		
Date Assigned:	07/09/2014	Date of Injury:	07/19/1988
Decision Date:	09/10/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational 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:

The patient is a 54-year-old male who has submitted a claim for lumbar sprain with disk herniation, status post laminectomy (1992, 2006), and L3-L5 fusion (04/102009); associated with an industrial injury date of 07/19/1988. Medical records from 2012 to 2014 were reviewed and showed that patient complained of low back pain radiating to the thoracic spine and right leg and calf, and bilateral lower extremity pain, graded 5-8/10. Patient notes that his sciatica has returned and is now significantly increased. His left leg gives way, and there is subjective weakness in the LLE. Patient also notes numbness in the right anterior thigh/groin. Patient is able to sleep at night with intake of Orphenadrine. Currently, the patient cannot tolerate aqua therapy due to higher pain levels. Physical examination showed tenderness over the spinous process at the level of L2. Straight leg raise test was positive bilaterally. Decreased sensation was noted over the right L2 distribution. Weakness of the left EHL was noted. MRI of the lumbar spine, dated 03/13/2014, showed mild to moderate central canal stenosis at L2-L3, and moderate neural foraminal narrowing on the right L5-S1.Treatment to date has included Medications, Aquatic Therapy, Toradol injection, Epidural Steroid Injection, Radiofrequency Ablation, and Surgery as stated above. Utilization review, dated 04/28/2014, denied the request for repeat lumbar MRI because the claimant has recently completed an MRI of the lumbar spine and the request seemed redundant; modified the request for Epidural Steroid Injection to ESI at L2-L3 on the left side because there was no clear evidence to confirm radiculopathy on the right side; denied the request for Orphenadrine because there was no documentation of medical necessity provided to justify the continued long-term administration of this class of drug; and denied the request for aquatic therapy because there was no documentation of medical necessity supported by high-quality scientific evidence-based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Trasnforaminal ESI Lumbar Spine: 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 Epidural steroid injection Page(s): 46.

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the patient complains of low back pain accompanied by radicular symptoms despite medications, aquatic therapy, ESI, and multiple spinal surgeries. Physical examination showed a bilaterally positive straight leg raise test, hypoesthesia over the right L2 distribution, and weakness of the left EHL. MRI of the lumbar spine, dated 03/13/2014, showed mild to moderate central canal stenosis at L2-L3, and moderate neural foraminal narrowing on the right L5-S1. The patient has had prior left L2 TFESI on 05/09/2014. However, there was no discussion regarding percentage and duration of pain relief, as well as evidence of functional improvement derived from previous ESI. Lastly, the present request as submitted failed to specify the level of the intended procedure. The criteria for ESI have not been met. Therefore, the request for BILATERAL TRASNFORAMINAL ESI LUMBAR SPINE is not medically necessary.

Lumbar MRI: Upheld

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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic Resonance Imaging.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. According to the ODG, magnetic resonance imaging (MRI) is indicated for uncomplicated low back pain with

radiculopathy after at least 1 month conservative therapy, or sooner if severe or progressive neurologic deficit. In this case, the patient complains of low back pain with radicular symptoms despite medications and aqua therapy. MRI of the lumbar spine, dated 03/13/2014, showed mild to moderate central canal stenosis at L2-L3, and moderate neural foraminal narrowing on the right L5-S1. However, there is no evidence of progression of symptoms or planned surgical interventions to warrant successive MRI comparisons. Therefore, the request for LUMBAR MRI is not medically necessary.

Continue Aquatic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Aquatic Therapy (including swimming) Page(s): 91.

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

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, the patient complains of low back pain with radicular symptoms. He is obese class I (BMI 34.28, Ht 6 ft 2 in, Wt 264 lbs) and has had previous aquatic therapy. However, there is no documented indication for aquatic therapy, or evidence that the patient did not tolerate land-based therapy. Moreover, as stated on a progress report date 05/09/2014, the patient could not tolerate aquatic therapy due to pain. Lastly, the present request as stated failed to specify the duration of therapy as well as the body part to be treated. Therefore, the request for CONTINUE AQUATIC THERAPY is not medically necessary.

Orphenadrine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47,Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: Page 63 to 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. The effects of Orphenadrine are thought to be secondary to analgesic and anticholinergic properties. In this case, the patient has been prescribed Orphenadrine since at least November 2013 without evidence of overall pain improvement and functional gains. However, guidelines do not support long term use of muscle relaxants. Furthermore, the present request as submitted failed to specify

the number to be dispensed. There is no discussion for variance from guidelines in this case. Therefore, the request for ORPHENADRINE is not medically necessary.