

Case Number:	CM14-0066781		
Date Assigned:	07/11/2014	Date of Injury:	01/10/2013
Decision Date:	08/29/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/09/2014

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 Interventional Spine 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 injured worker is a 63 year old female who sustained an injury on 01/10/2013. Per the 04/03/2014 report, the injured worker's complaints are cervical pain radiating to the fingertips and constant lumbar pain radiating to the toes, with pain rated 8/10. She also complained of back spasms with numbness and tingling in the lumbar. She has pain when using the restroom, coughing, or straining. Her current diagnoses include discogenic cervical condition with facet inflammation, headaches and right-sided radiculopathy; discogenic lumbar condition with facet inflammation and bilateral radiculopathy; head injury status post-concussion with persistent headaches, blurry vision, memory changes, difficulty with concentration, anxiety, stress for which we are requesting clarification for coverage; and element of stress, depression, insomnia, and anxiety related to orthopedic injuries for which we are requesting clarification for coverage. The examination revealed the patient is using front-wheeled walker and has slightly antalgic wide-based gait. In addition, she has difficulty standing from the seated position as well as her movements are slow and guarded. The injured worker's cervical range of motion flexion / extension is limited by 40%. There is noted tenderness to palpation along cervical paraspinals, pain along facets and pain with facet loading bilaterally worse on right at C3-C7. The straight leg raise is positive at 60 degrees bilaterally. There is also tenderness to palpation along lumbar paraspinals, pain along facets, and pain with facet loading on L3 through S1. The lumbar spine range of motion testing was not included in the reports. The treating doctor is requesting MRI of lumbar spine, lower back brace DME, hot and cold wrap DME, and Flexeril unspecified. The utilization review determination dated 4/30/14 denied treatment which is being challenged. The treating doctor provided reports from 01/07/2013 to 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 303 and on the Non-MTUS Official Disability Guidelines (ODG), Lower Back, Protocols (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols).

Decision rationale: This patient presents with neck pain radiating to fingers as well as back pain radiating to the toes. The treating doctor has asked for an MRI of the lumbar spine and the review of the reports show the patient has not had any prior MRIs for the lumbar spine. Per the Official Disability Guidelines (ODG), for uncomplicated low back pain there should be documentation of radiculopathy, indication the injured worker was unresponsive to conservative care, prior surgery or caudal equine. In this case, the patient may have had an MRI previously given injury from a year ago but there are no reports or reference provided. The requested set of lumbar MRIs appears reasonable to investigate patient's persistent radicular symptoms and there is discussion regarding possible surgery of the lumbar spine. As such, this request is medically necessary.

Low back brace DME: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar supports.

MAXIMUS guideline: Decision based on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 301 and on the Non-MTUS Official Disability Guidelines (ODG), Lumbar Supports, Corset for Treatment, page 308, table 12-8.

Decision rationale: This patient presents with neck pain and back pain radiating to toes. Per the 04/03/2014 report, the treating doctor requested lower back brace durable medical equipment (DME). Per the Official Disability Guidelines (ODG), lumbar supports are not recommending for prevention but allow as an option for treatment for compression fractures. In addition, the lumbar support is for specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain (very low-quality evidence, but may be a conservative option). In this case, the requested lower back brace DME would not be medically necessary as patient does not present with any of the diagnoses indicated by ODG for a back brace. As such, this request is not medically necessary.

Hot and cold wrap DME: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, heat/cold.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision on the Non-MTUS Official Disability Guidelines (ODG), Foot/Ankle.

Decision rationale: This patient presents with neck pain and back pain radiating to toes. Per the 04/03/2014 report, the treating doctor has asked for hot and cold wrap durable medical equipment (DME) as the patient is scheduled for a lumbar fusion. Regarding cryotherapy, the Official Disability Guidelines (ODG) allows for short-term post-operative use for 7 days. The ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. In this case, the patient is to undergo lumbar surgery and cryotherapy is indicated. The request for a hot/cold wrap is medically necessary for this type of condition. As such, this request is medically necessary and appropriate.

Flexeril unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for Flexeril, pg 41-42:MTUS pg 63-66 for Muscle relaxants (for pain) Page(s): 41-42; 63-66.

Decision rationale: This patient presents with neck pain and back pain radiating to toes. Per the 04/03/2014 report, the treating doctor is requesting Flexeril unspecified. Regarding muscle relaxants for pain, the MTUS guidelines recommend medication with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treating doctor does not indicate that this medication is to be used for short-term. The MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. As such, this request is not medically necessary.