MAXIMUS Federal Services

Case Number:	CM14-0098711		
Date Assigned:	09/23/2014	Date of Injury:	12/30/2006
Decision Date:	11/12/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/26/2014

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 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:

This claimant is a 56-year-old male with a 12/30/06 injury date. The mechanism of injury was not provided. In a 5/23/14 follow-up, subjective findings included neck and back pain radiating to the extremities, 6/10 pain with medications, and 9/10 pain without medications. The patient reported limitations in activity, ambulation, hand function, sleep, and sex. It was noted that the patient was attempting to wean opiate usage. Objective findings included antalgic and slow gait with the use of a cane, spasm and tenderness in the paralumbar muscles, limited lumbar range of motion, decreased sensation along the L4-5 dermatomes bilaterally, positive straight leg raise at 90 degrees bilaterally, and negative Wadell's signs. MRI of the lumbar spine on 8/1/07 showed minor disc bulges at L4-5 and L5-S1. EMG/NCV studies from 6/14/07 of the upper and lower extremities were negative. The provider has requested renewal of various medications, acupuncture, and an orthopedic spine consultation. However, it was also noted that the patient has been determined by a spine surgeon to have multiple surgical findings but is not a good surgical candidate at this time. In a 9/13/13 follow-up, it was noted that the patient has had acupuncture therapy with reported moderate (25-50%) improvement and reports improved mobility. Diagnostic impression: lumbar facet arthropathy, lumbar radiculopathy, bilateral ankle pain, bilateral shoulder pain. Treatment to date: medications, home exercise program, and acupuncture. A UR decision on 6/11/14 denied the requests for orthopedic spine surgery evaluation, 4 acupuncture sessions, Vitamin D 2000 units, Tizanidine 4mg, and Hydrocodone 10/325 mg. The rationale for the decision was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Spine Surgery Evaluation for Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 127, and on the Non-MTUS Official Disability Guidelines (ODG) Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The California MTUS supports a spine surgeon referral with severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and failure of conservative treatment. However, at this time there is not enough objective evidence of spinal dysfunction and correlating findings on imaging studies to support the request. The most recent MRI of the lumbar spine was in 2007 and showed only minor pathology, and the latest electrodiagnostic studies from 2007 were entirely negative. The physical exam findings appear to be stable over long periods of time, and there is no clear evidence of motor, sensory, or reflex dysfunction. There is no rationale that justifies the request for an orthopedic spine consultation, especially in light of an apparent recent consultation that did not recommend any spine surgery at this time. Therefore, the request for Orthopedic Spine Surgery Evaluation for Lumbar Spine is not medically necessary.

4 Acupuncture sessions for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function Chapter, page 114

Decision rationale: The California MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However, there is not enough information provided to support the request for additional lumbar spine acupuncture. The patient apparently had acupuncture sessions in 2013, and there is a report of improved mobility and moderate pain relief, but there is no documented functional improvement or decrease in the use of pain medications. Therefore, the request for 4 acupuncture sessions for the lumbar spine is not medically necessary.

Vitamin D 2000 Units 3 #90 DOS: 05/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Vitamin D

Decision rationale: The California MTUS does not address this issue. ODG recommends consideration of Vitamin D usage in chronic pain patients and supplementation if necessary. It is under study as an isolated pain treatment, and Vitamin D deficiency is not a considered a workers' compensation condition. However, there was no clinical information or rationale provided to support the request. In addition, there were no provided lab studies that established low Vitamin D levels in this patient. Therefore, the request for Vitamin D 2000 Units 3 #90 for date of service (DOS): 05/23/2014 is not medically necessary.

Tizanidine HCl 4mg #60 DOS: 05/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and off label use for low back pain. In addition, the MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain (LBP) cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, this patient has been prescribed Tizanidine chronically, and long-term use is not recommended. Therefore, the request for Tizanidine HCl 4mg #60 DOS: 05/23/2014 is not medically necessary.

Hydrocodone 10/325mg #90 DOS: 05/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2006 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as the Guidelines require clear and concise documentation of ongoing management. It is frequently noted in the records that the patient is weaning opiates, but there is no indication that the prescribed dosage and pill counts were decreasing. There is no evidence of functional improvement over time, and the patient is still not working. Therefore, the request for Hydrocodone 10/325mg #90 DOS: 05/23/2014 is not medically necessary.