MAXIMUS Federal Services

Case Number:	CM14-0190620		
Date Assigned:	11/24/2014	Date of Injury:	10/20/2008
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family Medicine, and is licensed to practice in Texas & 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 is a 43 year old male patient who sustained a work related injury on 10/20/2008 Patient sustained the injury when he was lifting an object that weighed 50 to 80 pounds. The current diagnoses include lumbar spine disc herniation with radiculopathy to the bilateral lower extremities and status post three epidural injections per the doctor's note dated 9/24/14, patient has complaints of back pain, radiculopathy, stiffness, spasm, and difficulty with his activities. He was miserable. He has had significant change in his condition over the last several months promoting him to get reestablished with the physician for further evaluation. Physical examination revealed stiffness and spasm in the lower lumbar spine, decreased range of motion, positive straight leg raising and radiculopathy to the lower extremity. He was declared permanent and stationary as of 07/14/10. The current medication lists include Cyclobenzaprine, Advil, Ibuprofen, and Skelaxin. The patient has had MRI in 2008 and on 1/2/14 that revealed Lumbar spine disc herniation at L4-L5 and L5-S1 and X-ray of the lumbar spine that revealed decreased disc space at L4-L5 and L5-S1. The patient's surgical histories include Appendectomy, Hernia surgery and Sinus surgery. He has undergone a total of three lumbar epidural steroid injections the patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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) Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 11/21/14) MRIs (magnetic resonance imaging)

Decision rationale: Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had MRI in 2008 and on 1/2/14 that revealed Lumbar spine disc herniation at L4-L5 and L5-S1 and X-ray of the lumbar spine that revealed decreased disc space at L4-L5 and L5-S1 Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received an unspecified number of PT and aquatic visits for this injury till date. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The medical necessity of the MRI of the lumbar spine without contrast is not fully established for this patient.

EMG/NCV of bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the doctor's note dated 9/24/14, patient has complaints of back pain, radiculopathy, stiffness, spasm, and difficulty with his activities. He was miserable. He has had significant change in his condition over the last several months promoting him to get reestablished with the physician tor further evaluation. Physical

examination revealed stiffness and spasm in the lower lumbar spine, decreased range of motion, positive straight leg raising and radiculopathy to the lower extremity. The patient has had MRI in 2008 and on 1/2/14 that revealed Lumbar spine disc herniation at L4-L5 and L5-S1 and X-ray of the lumbar spine that revealed decreased disc space at L4-L5 and L5-S1. He underwent a total of three lumbar epidural steroid injections. There is evidence of significant neurological / radicular signs or symptoms in the lower extremity. The EMG/NCV of bilateral lower extremities is medically appropriate and necessary in this patient.

Physical therapy 2 x 6 to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical therapy 2 x 6 to the lumbar spine is not fully established for this patient.

Cyclobenzaprine 7.5mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), NSAIDs, GI symptoms & cardiovascular risk Page(s): 41-42, 68-69.

Decision rationale: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. they show no benefit beyond NSAIDs 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." Cyclobenzaprine is recommended for a short course of treatment for back pain. Per the doctor's note dated 9/24/14, patient has complaints of back pain, radiculopathy, stiffness, spasm, and difficulty with his activities. He was miserable. He has had significant change in his condition over the last several months promoting him to get reestablished with the physician for further evaluation. Physical examination revealed stiffness and spasm in the lower lumbar spine, decreased range of motion, positive straight leg raising and radiculopathy to the lower extremity. The patient has had an exacerbation of the low back pain. There is objective evidence of muscle spasm and radiculopathy on exam. A short course of Cyclobenzaprine is deemed medically appropriate and necessary in this patient. Therefore with this, it is deemed that, Cyclobenzaprine 7.5mg #90 is medically appropriate and necessary for this patient at this time.