

Case Number:	CM14-0193920		
Date Assigned:	12/03/2014	Date of Injury:	01/25/2002
Decision Date:	01/20/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/19/2014

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 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 63 year old male patient who sustained a work related injury on 1/25/2002. The patient sustained the injury when he slipped in the tub at home and struck his head against the full tub. The current diagnoses include cervical spine discopathy, right carpal tunnel syndrome, lumbar spine discopathy, and left knee internal derangement, status post (s/p) disc surgery x 2 with intermittent left upper extremity radiculitis; s/p low back surgery with residual bilateral sciatica; and internal derangement of left knee with chondromalacia of medial compartment. Per the doctor's note dated 7/03/14, patient has complaints of severe lower back pain that radiates down the lower extremities. Physical examination revealed back spasm, tenderness, and decreased range of motion, positive straight leg raise, decreased left knee range of motion. The current medication lists include Norco, Ambien, Flexeril, and Soma. The patient has had an MRI of the lumbar spine dated 6/9/08, that revealed prior laminectomy as well as EMG and nerve conduction studies of the lower extremities dated 7/31/09, that revealed injury to the L5 nerve roots, bilaterally. The patient's surgical history includes surgery of the low back and neck. The patient has received an unspecified number of the PT visits, acupuncture, heat and massage therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for cervical and lumbar spine, total 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." The patient has received an unspecified number of the physical therapy visits, acupuncture, heat and massage therapy for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. Therefore, this request is not medically necessary.

MRI lumbar spine: 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), Low Back

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) - Treatment in Workers' Comp (TWC), 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 Official Disability Guidelines (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, neuro compression, and recurrent disc herniation)." The patient has had MRI of the lumbar spine dated 6/9/08, that revealed prior laminectomy; EMG and nerve conduction studies of the lower extremities dated 7/31/09 that revealed injury to the L5 nerve roots, bilaterally. The 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. The patient has received an unspecified number of the physical therapy (PT) visits, acupuncture, heat and massage therapy for this injury. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. Therefore, this request is not medically necessary.

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 10/27/14), Knee Brace.

Decision rationale: Per the ACOEM guidelines cited below "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical.... For the average patient, using a brace is usually unnecessary" In addition, per the Official Disability Guidelines (ODG) knee brace is recommended for, "1. Knee instability, 2. ligament insufficiency/deficiency, 3. reconstructed ligament, 4. articular defect repair 5. avascular necrosis, 6. meniscal cartilage repair, 7. painful failed total knee arthroplasty 8. painful high tibial osteotomy, 9. painful unicompartmental osteoarthritis, and 10. tibial plateau fracture."The presence of any of these indications in this patient was not specified in the records provided. A recent detailed clinical examination of the knee by the treating physician was not specified in the records. Any evidence of the need for stressing the knee under load such as climbing ladders or carrying boxes was not specified in the records provided. Patient has received an unspecified number of the PT visits for this injury till date. Detailed response to this conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Any evidence of recent knee surgery was not specified in the records provided. Therefore, this request is not medically necessary.

Home stair chair lift: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cph/medicaid/data/400_499/0459.html

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: Per the CA MTUS chronic pain guidelines cited below, Power mobility devices are not recommended "if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair." As per cited guideline "Durable medical equipment (DME): Many assistive devices, such as electric garage door openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and Medicare does not cover most of these items" In addition "Power mobility devices (PMDs): Not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair" A recent detailed clinical examination of the knee by the treating physician was not specified in the records. Any significant functional deficits of the knee that would require Home stair chair lift was not specified in the records provided. Any evidence of difficulty in walking, standing, or climbing ladders was not specified in the records provided. The absence of a care giver who can help in stairs is not specified in the records provided. Any significant weakness of the upper and lower extremities or any other medical conditions that will compromise the patient's ability to ambulate by himself or with the help of a walker or cane is not specified in the records provided. Therefore, this request is not medically necessary.

Norco 10/325mg; one tab po q6-8 hrs prn pain #120 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Therapeutic Trial of Opioids Page(s): 76-80.

Decision rationale: Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of

illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. In regards to this case, the patient does not meet criteria for ongoing continued use of opioids analgesic. Therefore, this request is not medically necessary.

Soma 350mg; one tab po bid prn muscle spasm #90 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma), Muscle relaxants Page(s): 29, 63.

Decision rationale: As per cited guideline "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP" The current diagnoses include cervical spine discopathy, lumbar spine discopathy, status post (s/p) disc surgery x 2 with intermittent left upper extremity radiculitis; s/p low back surgery with residual bilateral sciatica. Per the doctor's note dated 7/03/14, patient has complaints of severe lower back pain that radiates down the lower extremities and physical examination revealed back spasm, tenderness, and decreased range of motion, positive straight leg raise. The patient has had MRI of the lumbar spine dated 6/9/08, that revealed prior laminectomy; EMG and nerve conduction studies of the lower extremities dated 7/31/09 that revealed injury to the L5 nerve roots, bilaterally. The patient's surgical history includes surgery of the low back and neck. The patient has significant objective findings including muscle spasms as well as abnormal diagnostic studies. The patient has conditions that are prone to getting intermittent exacerbations. The use of Soma 350mg; one tab po bid prn muscle spasm #90 with one refill is medically necessary and appropriate.

Ambien 10mg; one tab po qhs #30 with one refill: 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), Stress & Mental Illness 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 (updated 11/21/14) Zolpidem

Decision rationale: Zolpidem is a short-acting non-benzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, Official Disability Guidelines (ODG) was utilized. According to the cited guideline "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 5 years ago. The detailed response of Ambien and other psychiatric medication was not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. Therefore, this request is not medically necessary.