

Case Number:	CM14-0202004		
Date Assigned:	12/12/2014	Date of Injury:	07/02/2004
Decision Date:	02/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/03/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 2, 2004. In a Utilization Review Report dated November 18, 2014, the claims administrator denied a SPECT CT of the lumbar spine and also denied cyclobenzaprine. The claims administrator noted that the applicant had undergone multiple prior lumbar spine surgeries and had received various other treatments over the course of the claim, including muscle relaxants, adjuvant medications, and a lumbar support. The claims administrator referenced an RFA form of November 6, 2014 in its denial. The applicant's attorney subsequently appealed. In a July 16, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant apparently complained that various requests had been denied through the Workers' Compensation system. An average pain score of 7/10 was noted. The applicant was on testosterone, Neurontin, Elavil, Norco, Xanax, Flexeril, Imitrex, Valtrex, and various dietary supplements and vitamins. Neurontin, Elavil, and Norco were ultimately refilled. The applicant was apparently in the process of transferring care to another provider. The applicant's work status was not clearly outlined. On September 2, 2014, the applicant apparently consulted an orthopedic spine surgeon. The applicant reported persistent complaints of mid and low back pain radiating to the bilateral lower extremities. The applicant had received multiple prior spine surgeries, epidural injections, acupuncture, a TENS unit, back support, cane, walker, and wheelchair. The applicant acknowledged that he was not working and had been off of work for a span of several years. The applicant's medication list included Neurontin, Elavil, Norco, Motrin, Flexeril, AndroGel, and Prilosec. Scarring and limited range of motion were noted about the lumbar spine with hyposensorium noted about the bilateral lower extremities in the L4-S1 distribution. 5/5 bilateral lower extremity strength was appreciated. The attending provider suggested that the applicant

undergo a CT scan to better assess his condition as well as electrodiagnostic testing of bilateral lower extremities to establish a definitive diagnosis of radiculopathy. The attending provider alluded to the applicant's having had earlier MRI studies of the lumbar and thoracic spines in 2009 and 2011. The applicant was placed off of work, on total temporary disability. It was not stated whether the applicant was intended on acting on the results of the proposed imaging and electrodiagnostic studies, however. On November 4, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities, 4/10, exacerbated by standing, walking, and bending. MRI imaging of the lumbar spine, a SPECT-CT of the lumbar spine, and electrodiagnostic testing of the bilateral lower extremities was sought while Norco, Neurontin, and Flexeril were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPECT/CT scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-7, page 304 notes that CT imaging scored a 3/4 in its ability to identify and define suspected spinal stenosis, and 2/4 in its ability to identify and define suspected post-laminectomy syndrome, both of which are seemingly suspected here, this recommendation, however, is qualified by further commentary made in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there was/is no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the SPECT-CT at issue. It was not stated how the proposed SPECT-CT of the lumbar spine at issue would influence or alter the treatment plan. It was not stated why the applicant needed to obtain both MRI imaging and SPECT-CT imaging. Finally, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of any of the studies in question and/or consider further lumbar spine surgery based on the outcome of the same. Therefore, the request is not medically necessary.

Cyclobenzaprine 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including cyclobenzaprine, Neurontin, Norco, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.