MAXIMUS Federal Services

Case Number:	CM14-0205825		
Date Assigned:	12/17/2014	Date of Injury:	02/23/2004
Decision Date:	02/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, 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 patient is a 40 year old male with an injury date of 02/23/04. Per the 11/07/14 progress report by [redacted] the patient presents with worsening, localized lower back pain right greater than left that is increased with standing lifting and carrying. The 10/22/14 report by [redacted]., states the patient presents with neck pain and right shoulder pain. The patient is temporarily totally disabled for 6 weeks as of 11/07/14. Examination of the lumbar spine reveals tenderness to palpation with muscle guarding and spasm over the paravertebral musculature right side greater than left with decreased range of motion in all planes. Straight leg raise elicits increased lower back pain. The 09/24/14 examination shows Piriformis stress test positive on the right with tenderness to palpation over the left sacroiliac joint and left piriformis. There is tenderness to palpation over the subacromial region, supraspinatus tendon and acromioclavicular joint and periscapular musculature of the right shoulder. Impingement and Cross Arm tests are positive. The 10/22/14 examination shows multiple fibromyalgia tender points. The patient's diagnoses include:1. Cervical/trapezial musculoligamentous sprain/strain with bilateral upper extremity radiculitis with MRI scan dated 07/26/13 showing 2-3 mm disc bulges C5-C6, C6-C7.2. Bilateral shoulder periscapular myofascial strain with slight impingement left greater than right with MRI right shoulder 08/09/04: Subacromial bursitis; 05/22/14 ultrasound: Right shoulder rotator cuff tear, calcification of the supraspinatus tendon,3. Bilateral medial and lateral epicondylitis with possible cubital tunnel syndrome4. Bilateral forearm/wrist flexor and extensor tendinitis with possible carpal tunnel syndrome and DeQuervain's tenosynovitis5. Thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis and left Sacroiliac joint sprain with MRI 07/26/13 showing mild facet degenerative joint disease at L4-L5, L5-S16. S/p contusion of the bilateral knees with patellofemoral arthralgia7. Left ankle lateral ligamentous sprain and right ankle anterior tibialis strain8. Psychiatric sleep and

internal medicine complaints deferred9. Fibromyalgia syndrome deferredThe patient is continuing a home exercise program, a pain management consult is requested regarding right SI joint injection versus perifomis injection and L4-S1 MBB injection is requested. Medications are listed as: Prilosec, Vicodin Lyrica, Fexmid for spasm, and Imitrix for headache. The utilization review is dated 11/13/14. Reports were provided for review from 02/12/14 to 11/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, #54: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 124.

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

Decision rationale: The patient presents with worsening localized back pain right greater than left along with neck and right shoulder pain. The current request is for Fexmid 7.5mg, #54 (Cyclobenzaprine). The 11/13/14 utilization review states the RFA is dated 11/06/14. The MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. "MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication.The reports provided show the patient has been prescribed this medication since at least 05/06/14. The 11/07/14 report states it is for spasm to resume activity and function. In this case, MTUS recommends this medication for short term use of 2-3 weeks and the patient has been prescribed the medication on a long-term basis. The physician does not provide a rationale for use outside guidelines. Lacking recommendation for long-term use by MTUS, the request is not medically necessary.

Right sacroiliac joint injection: 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), Treatment Index, 12th Edition (web), 2014, Hip & Pelvis Chapter, Sacroiliac Joint Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip/Pelvis Chapter, Sacroiliac joint blocks

Decision rationale: The patient presents with worsening localized back pain right greater than left along with neck and right shoulder pain. The current request is for Right sacroiliac joint injection. The 11/13/14 utilization review states the RFA is dated 11/06/14. The ODG,

Sacroiliac joint blocks, states, "Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below." "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Imaging studies are not helpful." Criteria require documentation of at least 3 positive examination findings as listed above. The 11/07/14 treatment plan states, "Pending authorization for pain management consultation regarding right sacroiliac joint injections versus piriformis injection." No further discussion is provided regarding the reason for this request. A copy of the pain management consultation, if completed, is not included for review. The ODG guidelines require documentation of at least 3 positive examination findings for Sacroiliac joint blocks as listed above. The reports provided do not document such findings. Therefore, the request is not medically necessary.

Piriformis injection: 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), Treatment Index, 12th Edition (web), 2014, Hip & Pelvis chapter, Piriformis Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Piriformis Injections

Decision rationale: The patient presents with worsening localized back pain right greater than left along with neck and right shoulder pain. The current request is for Piriformis injection. The 11/13/14 utilization review states the RFA is dated 11/06/14. The ODG, Hip and Pelvis Chapter, Piriformis Injections, states, "Recommended for piriformis syndrome after a one-month physical therapy trial." "Symptoms include buttock pain and tenderness with or without electrodiagnostic or neurologic signs. Pain is exacerbated in prolonged sitting. Specific physical findings are tenderness in the sciatic notch and buttock pain in flexion, adduction, and internal rotation (FADIR) of the hip." " Physical therapy aims at stretching the muscle and reducing the vicious cycle of pain and spasm. It is a mainstay of conservative treatment, usually enhanced by local injections. "The 11/07/14 treatment plan states, "Pending authorization for pain management consultation regarding right sacroiliac joint injections versus piriformis injection." No further discussion is provided regarding the reason for this request. A copy of the pain management consolation, if completed, is not included for review. The 09/24/14 report states that Piriformis stress test is positive on the right. In this case, there is no diagnosis of piriformis syndrome in this patient or documented findings of buttock pain and tenderness, tenderness in the sciatic notch or buttock pain in flexion, adduction and internal rotation. Furthermore, there is no documentation that the patient received a 1 month physical therapy trial for this condition. In this case, the request is not medically necessary.

Shockwave therapy to the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Shoulder Chapter, Extracorporeal Shock Wave Therapy (ESWT)

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

Decision rationale: The patient presents with worsening localized back pain right greater than left along with neck and right shoulder pain. The current request is for Shockwave therapy to the right shoulder. The 11/13/14 utilization review states the RFA is dated 11/06/14. The ODG, Shoulder Chapter, ESWT, states, "Recommended for calcifying tendinitis but not for other shoulder disorders." Criteria include: At least 6 months of standard treatment and use of at least three conservative treatments prior to use of ESWT. The physician does not discuss the reason for this request. The patient does have a diagnosis of calcification of the supraspinatus tendon per a 05/22/14 ultrasound. The reports provided show treatment with shoulder injections, home exercise and medications and the ODG states treatment is indicated for the patient's shoulder condition. The request is medically necessary.