

Case Number:	CM15-0001739		
Date Assigned:	01/12/2015	Date of Injury:	07/11/2000
Decision Date:	03/16/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 71 year old male, who sustained an industrial injury on July 11, 2000. He has reported back pain. The diagnoses have included diabetes, spinal stenosis, laminectomy, decompression and discectomy. Treatment to date has included physical therapy, home exercises, surgery, magnetic resonance imaging (MRI), cat scan, injections, oral medication. Currently, the IW complains of low back pain and bilateral leg stiffness, pain and radiculopathy, difficulty sleeping and falling due to inability to feel legs. The injured worker is utilizing numerous oral medications. On December 1, 2014 utilization review non-certified a request for sacroiliac joint injection bilaterally lumbar spine, X-ray lumbar spine flexion and extension, physical therapy for lumbar quantity 12, occupational therapy for lumbar quantity 12, Cymbalta 30mg quantity 30 3 refills, Colace 250mg quantity 60 3 refills and Lyrica 50mg quantity 180 3refills. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI Joint Injection Bilaterally Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis

Decision rationale: The patient presents with back pain. The current request is for SI Joint Injection Bilaterally Lumbar Spine. The treating physician states, I am requesting SI Joint injection as he matches the criterion for this bilaterally. The ODG guidelines support sacroiliac joint blocks with criteria being met. In this case, there is minimal documentation of pain affecting the sacroiliac joints. There is however documentation of 3 positive exam findings indicative of sacroiliac dysfunction. The current request does meet the requirements as outlined in the ODG guidelines. The request is medically necessary and the recommendation is authorization.

X ray of Lumbar Spine Flexion and Extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter: x-ray

Decision rationale: The patient presents with back pain. The current request is for X ray of Lumbar Spine Flexion and Extension. The treating physician does not state the reasoning as to why the current request is needed for the patient. In reviewing the ODG Guidelines, they state, "Not recommend routine x-rays in the absence of red flags. (See indications list below.) Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." In this case, there are no red flags for serious spinal pathology. The current request does not meet the requirements as outlined in the ODG guidelines. Recommendation is for denial.

Physical Therapy for Lumbar Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with back pain. The current request is for Physical Therapy for Lumbar qty 12. The treating physician states that the request is for, "decreased strength and falling." The MTUS guidelines allow 8-10 therapy visits for myalgia and neuritis type conditions. In this case, there is no clear discussion as to why the patient requires physical therapy in excess of the MTUS guideline recommendation of 8-10 sessions. While the patient

may require some formalized therapy, the current request is outside of the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.

Occupational Therapy for Lumbar Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with back pain. The current request is for Occupational Therapy for Lumbar qty 12. The treating physician states that the request is for, "decreased strength and falling." The MTUS guidelines allow 8-10 therapy visits for myalgia and neuritis type conditions. In this case, there is no clear discussion as to why the patient requires occupational therapy (physical medicine) in excess of the MTUS guideline recommendation of 8-10 sessions. While this patient may require some formalized therapy, the current request is outside of the MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.

Cymbalta 30mg, Qty 30 + 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: The patient presents with back pain. The current request is for Cymbalta 30 mg. Qty 30 x3 refills. The MTUS guidelines support the usage of Cymbalta for anxiety, depression, diabetic neuropathy, and fibromyalgia. In this case, there is no indication that prior usage of this medication provided pain relief or functional improvement. Therefore the current request does not meet the requirements as outlined in the MTUS guidelines. The request is not medically necessary and the recommendation is for denial.

Colace 250mg, Qty 60 + 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Initiating Therapy Page(s): 77.

Decision rationale: The patient presents with back pain. The current request is for Colace 250 mg. Qty 60 x3 refills. The MTUS Guidelines state that for constipation due to opioid use, "Prophylactic treatment of constipation should be initiated." In this case, the patient has not been

prescribed opioids based on the treating physician report dated 11/18/14. The current request is not supported by the guidelines. Recommendation is for denial.

Lyrice 50mg, Qty 180 + 3 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrice) Page(s): 16-20, 99.

Decision rationale: The current request is for Lyrice 180 mg. Qty 180 x3 refills. The MTUS guidelines support the usage of Lyrice for neuropathic pain, diabetic neuropathy and postherpetic neuralgia. In this case, the treating physician has indicated that the patient does have neuropathic pain that is decreased with medication usage. The current request is supported by the MTUS guidelines. Recommendation is for authorization.