

Case Number:	CM15-0121516		
Date Assigned:	07/02/2015	Date of Injury:	09/28/2010
Decision Date:	12/07/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male who sustained an industrial injury on September 28, 2015. A recent primary treating office visit dated August 25, 2015 reported the plan of care to involve: refilling Norco 10mg 325mg one every four to six hours #180, Flexeril, and check on the status of the lumbar epidural steroid injection, and the acupuncture requests pending. The following diagnoses were applied to this visit: chronic cervical pain with cervical spine stenosis at C4-5, C5-6, disc protrusion at C5-6, C6-7 per MRI dated March 11, 2011; chronic lower back pain with left leg radicular symptoms at MRI findings from January 25, 2013 reported disc herniation at L4-5 and L3-4 with bulges at L1-2, and L3-4 and some retrolisthesis of L3 over L4; chronic left shoulder pain, status post arthroscopy decompression and open Mumford's on November 11, 2011; currently with flaring of symptoms; depression, and anxiety; probable muscle tear in the right posterior thigh. There is note of subjective complaint of: "neck pain, left shoulder pain." "He also has lower back pain and recent flaring of left shoulder pain." He reports the lumbar support brace and TENS unit were denied. Primary follow up dated June 02, 2015 reported: "According to the patient he previously was approved for the lumbar epidural steroid injection, but never received an appointment for administration of the injection:" so there is re-request for authorization of the previously approved lumbar steroid injection. At primary follow up dated May 05, 2015 the plan of care noted prescribing Norco 10mg 325mg one tablet every 6 hours as "he has had flaring up of his pain", so "I will give him #180 pills." On May 19, 2015 a request was made for acupuncture for the lumbar spine; TENS unit; lumbar steroid

epidural injection; Flexeril 10mg #360; Norco 10mg 325mg #120 that were found all denied except the Norco which was modified by Utilization Review on May 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture - Lumbar Spine (8-visits): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions" and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. In the case of this particular request (for 8 sessions), the number of requested sessions of acupuncture is in excess of that recommended by guidelines cited above. The guidelines specifically state that the time to produce functional improvement is within six treatments. The independent medical review process cannot modify requests. Therefore, this request is not medically necessary.

Lumbar Support Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Activity. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: Regarding the request for lumbar brace, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment. Additionally, there is no documentation indicating that the patient has a diagnosis of compression fracture, spondylolisthesis, or instability. As such, the currently requested lumbar brace is not medically necessary.

Tens Unit (indefinite use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there is an MRI on 1/2013 which indicated herniated disc with nerve impingement on multiple levels L3, L4, and L5. However, an electromyogram on 8/2014 was negative for lumbar radiculopathy and peripheral neuropathy. Furthermore, there are no specific exam findings to support the diagnosis of lumbar radiculopathy. Lastly, the current request do not specify what levels the lumbar epidural injections are indicated for, guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. In the absence of clarity of the above issues, the currently requested lumbar epidural steroid injection is not medically necessary.

Flexeril 10mg, #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function, and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.