MAXIMUS Federal Services

Case Number:	CM15-0143103		
Date Assigned:	08/04/2015	Date of Injury:	01/01/2015
Decision Date:	09/21/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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: New York
Certification(s)/Specialty: Internal Medicine

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 39 year old male who sustained an industrial injury on 1-1-15. The injured worker was diagnosed as having lumbar disk disease, lumbar radiculitis. Currently, the injured worker reported back pain with radiation to the bilateral lower extremities. Previous treatments included psychological evaluation, oral pain medication, non-steroidal anti-inflammatory drugs, oral muscle relaxants, physical therapy and home exercise program. Previous diagnostic studies included cervical spine magnetic resonance imaging (1-13-15), lumbar spine magnetic resonance imaging (12-13-11, 6-19-12, 2-12-14 and 3-28-14), and electromyography and nerve conduction velocity study (7-29-13), radiographic studies (10-14-13). The injured work status was noted as being placed on disability status. The injured workers pain level was noted as 8 out of 10. Physical examination was notable for lumbar spine range of motion restricted, tenderness to palpation to lumbar spine paravertebral muscles with spasm noted, and straight leg raising test positive bilaterally. The plan of care was for magnetic resonance imaging of the lumbar spine without contrast, a transcutaneous electrical nerve stimulation unit, 12 sessions of physical therapy, a urine drug screen, Ultram 50 milligrams quantity of 60 and Cyclobenzaprine 5 milligrams quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is for magnetic resonance imaging of the lumbar spine without contrast. Currently, the injured worker reported back pain with radiation to the bilateral lower extremities CA MTUS was silent on the requested treatment, therefore ODG was referenced. Official Disability Guide guidelines, Low Back Chapter, MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Provider documentation does not state a new injury, significant change in symptoms, neurologic deficits, or red flags to require an updated magnetic resonance imaging. As such, the request for magnetic resonance imaging of the lumbar spine without contrast is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-116.

Decision rationale: As Per CA MTUS guidelines TENS unit is not recommended as a primary modality, but a one month home-based trial may be considered if used as an adjunct to a program of evidence-based functional restoration, with documentation of how often the unit was used. MTUS Guideline does support rental of this unit at the most for one month, but Medical Records are not clear if this injured worker has tried TENS unit in a supervised setting and were there any functional benefits. A treatment plan that includes the specific short and long term goals of treatment with TENS unit cannot be located in the submitted Medical Records. The Requested Treatment TENS Unit is not medically necessary and appropriate.

12 sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is for 12 sessions of physical therapy. Currently, the injured worker reported back pain with radiation to the bilateral lower extremities. CA MTUS recommendations state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. The injured worker had previous physical therapy and there was a lack of objective measurements of the injured workers functional improvement to support additional physical therapy. As such, the request for 12 sessions of physical therapy is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids Page(s): 77-78, 94-95.

Decision rationale: The request is for a urine drug screen. Currently, the injured worker reported back pain with radiation to the bilateral lower extremities. CA MTUS chronic pain medical treatment guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. CA MTUS recommends "frequent random urine toxicology screens" as a step to detect misuse/addiction of opioids. Provider documentation does not indicate issues of abuse, addiction or aberrant behavior. As such, the request for a urine drug screen is not medically necessary.

Ultram 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request is for Ultram 50 milligrams quantity of 60 which the UR modified to Ultram 50 milligrams quantity of 36 between 6-15-15 and 9-8-15. Currently, the injured worker reported back pain with radiation to the bilateral lower extremities. CA MTUS guidelines state "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The provider documentation noted pain levels for 5-11-15, 6-8-15, and 7-6-15 to be 8 out of 10

with medication use, noting on 6-8-15 and 7-6-15 the pain level was 9 out of 10 without medication use. Documentation does not give evidence of the efficacy of this medication for injured workers discomfort. Additionally, provider documentation dated 6-15-15 notes the injured worker reported side effects including constipation. As such, the request for Ultram 50 milligrams quantity of 60 is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

Cyclobenzaprine 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-64, 41-42.

Decision rationale: The request is for Cyclobenzaprine 5 milligrams quantity of 30. Currently, the injured worker reported back pain with radiation to the bilateral lower extremities. CA MTUS recommendations state Cyclobenzaprine (Flexeril) is to be used as an option, using a short course of therapy further stating that "The addition of cyclobenzaprine to other agents is not recommended." CA MTUS recommends "muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patient with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." Provider documentation dated 3-9-15 notes Cyclobenzaprine 5 milligrams as a current medication indicating long-term use. Standards of care indicate medications within the drug class of antispasmodic/muscle relaxants are to be utilized for a short course of therapy. As such, the request for Cyclobenzaprine 5 milligrams quantity of 30 is not medically necessary.