MAXIMUS Federal Services

Case Number:	CM15-0147838		
Date Assigned:	08/11/2015	Date of Injury:	11/08/2013
Decision Date:	09/11/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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: Hawaii, California, Iowa
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56-year-old male, with a reported date of injury of 11-08-2013. The mechanism of injury was stepped down hard onto his left leg while stepping off a ladder. His leg slipped into a split. He stated that he felt a little bit of pain in that area. The following morning, while walking up stairs, the injured worker felt a sharp pain in his back with radiation down to his legs and foot. The injured worker's symptoms at the time of the injury back pain, leg pain, and foot pain. The diagnoses include lumbar disc syndrome, right leg radiculopathy, and lumbar strain and radiculitis with L4-5 disc bulge with central stenosis. Treatments and evaluation to date have included oral medications, and physical therapy to the left leg, with no help. According to the medical report dated 03-30-2015, the diagnostic studies to date have included a CT scan of the lumbar spine on 11-09-2013 which showed no evidence of acute fracture or subluxation, diffuse circumferential disc bulge at L4-5, and mild bilateral facet arthropathy involving the T12-S1 levels. The medical report dated 03-12-2015 stated that the injured worker had an x-ray of the left leg. The progress report dated 07-07-2015 indicates that the injured worker had continued complaints of low back and right leg pain. He rated his pain 8 out of 10. The injured worker requested medication refills and a referral. The objective findings include tenderness in the lumbar musculature, greater on the right; moderate muscle spasms were palpable in the lumber region; decreased lumbar range of motion with pain; positive bilateral straight leg raise test; and positive bilateral Faber's test. The injured worker has been instructed to remain totally temporarily disabled until 08-07-2015 and to remain off work. The treating physician requested Flexeril 10mg #30 and a consultation with a Neurosurgeon for the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Neurosurgeon for the right leg: 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), Pain chapter, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: The CA MTUS ACOEM Guidelines indicate that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery, or if they have difficulty obtaining information or an agreement to a treatment plan. There is no documentation that there were any of these concerns or issues. The evidence of severe neurological compromise from a physical examination that relates to the medical history and test results may indicate the need for immediate consultation. In the progress report dated 07-07-2015, it was noted that the injured worker had a recent electrodiagnostic study which showed a moderate right L5-S1 radiculopathy. The examination may further help to reinforce or reduce suspicions of a tumor, infection, fracture, or dislocation. There was no documentation that there was a suspicion of a tumor, infection, fracture, or dislocation. The provided medical records also do not indicate what conservative therapies had been tried and failed in relation to the requested service. The treatment plan indicated that the referral to the Neurosurgeon was for the right leg radiculopathy. The request does not meet guideline recommendations. Therefore, the request for a consultation with a Neurosurgeon for the right leg is not medically necessary at this time.

Flexeril 10 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

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

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medication is not recommended to be used for longer than 2-3 weeks. The medical documents indicate that patient is far in excess of the initial treatment window and period. The injured worker has been taking Flexeril since at least 07-22-2014. The request does not meet guideline recommendations. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Flexeril is not medically necessary.