

<b>Case Number:</b>	CM15-0181431		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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, Arizona  
 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 51 year old female, who sustained an industrial injury on 2-7-14. Current diagnoses include lumbar musculoligamentous sprain-strain with right lower extremity radiculitis and right elbow sprain and lateral medial epicondylitis. Her work status is temporary total disability. A report dated 8-11-15 reveals the injured worker presented with complaints of low back pain that radiates to the right lower extremity and right groin described as numbness and tingling. She reports right elbow pain that radiates to her forearm, hands and wrist described as numbness and tingling. She also reports neck, mid-back, bilateral shoulders, right knee and right ankle pain. A physical examination dated 8-11-15 revealed right wrist tenderness to palpation over the "flexor and extensor tendons and first extensor compartment". The "Tinel's sign, Phalen's test and Finkelstein's test are negative" and active range of motion is full. The right elbow reveals tenderness to palpation over the "medial and lateral epicondyles and extensor and flexor muscles. Cozen's test, Reverse Cozen's test and Bent Elbow test are positive and active range of motion is as follows; flexion 132 degrees, extension 0 degrees, pronation 72 degrees and supination 80 degrees. The lumbar spine reveals tenderness to palpation with muscle spasms and guarding over the "bilateral paraspinal musculature, lumbosacral junction and right gluteal musculature". The straight leg raise test, both seated and supine, causes radicular symptoms to the right calf muscle. The sacroiliac stress test is positive on the right. Lumbar active range of motion is as follows; flexion 48 degrees, extension 14 degrees, right side bending 17 degrees and left side bending 18 degrees. Also, there is evidence of right L4-S1 loss of sensation in these dermatomes, same with the right C5. Motor and reflex testing was normal.

Treatment to date has included medications including Ultram, Fexmid (8-11-15) and Neurontin. Diagnostic studies to date included x-rays. A request for authorization dated 8-26-15 for chiropractic services with exercise, modalities, manipulation and myofascial release for 8 sessions (2x4) is denied due to previous certification dated 8-21-15, home interferential unit is denied due to lack of documented conditions the unit is intended for per the MTUS guidelines, LSO brace is denied as the supplied documentation does not support the instances in which the brace would be recommended, MRI lumbar spine is denied due to lack of documentation regarding neurological dysfunction on examination of the lumbar spine or indications for any invasive procedure or surgery and no red flags and Fexmid 7.5 mg twice a day #60 is denied due to lack of documentation of objective functional benefit and no indication of an acute flare up of symptoms, as well as documentation suggests long term use of this medication, which is not supported by the guidelines, per Utilization Review letter dated 9-2-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic services with exercise, modalities, manipulation & myofascial release, 8 visits, 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** California MTUS Guidelines state that chiropractic treatments are recommended for chronic pain caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. For the low back, the MTUS recommends 6 visits over two weeks as part of a clinical trial of manual therapy, with up to 18 visits over 6-8 weeks with evidence of objective functional improvement. Within the submitted records, it appears that on 08/2/2015 chiropractic therapy was certified, which would make this request appear to be a duplicate. There are no updated records mentioning efficacy of recent manual therapy to warrant consideration of additional sessions. This request is recommended not be medically necessary.

**Home interferential unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines address interferential current stimulation (ICS). ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments including physical methods such as therapeutic exercise. Furthermore, CA MTUS

guidelines support the use of ICS as a trial for the following: 1) Pain is ineffectively controlled due to diminished effectiveness of medications. 2) Pain is ineffectively controlled with medications due to side effects. 3) History of substance abuse. 4) Significant pain from post-operative conditions limits the ability to perform exercise programs/physical therapy treatment. 5) Unresponsive to conservative measures (repositioning, heat/ice, etc.). Within the submitted records, the above criteria is not clearly met and therefore, this request is not medically necessary without clear description/rationale pertinent to the above criteria.

**LSO brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Back Brace.

**Decision rationale:** 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 that lumbar supports are recommended as an option for compression fractures, spondylolisthesis, instability, and for treatment of nonspecific low back pain (weak evidence). There is no mention of instability, or any conditions that would warrant an LSO. The injured worker is dealing with chronic back pain; not acute. This request is not medically necessary.

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Lumbar MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. Within the submitted records, there is neurologic dysfunction noted on sensory examination of the lumbar spine. However, there is no mention of surgery being an option. Motor and reflex testing were normal. There are no significant red flags noted. Also, it appears recent chiropractic therapy was prescribed for the injured worker's back; there is no documented failure of this conservative treatment. At this time, medical necessity has not been established.

**Fexmid 7.5mg (1) PO BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines note that long-term use of muscle relaxants is not recommended. It is associated with mental and physical impaired abilities and has limited efficacy. According to the CA MTUS, Fexmid is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS Guidelines: "Recommend non-sedating muscle relaxants with caution as a second line option for the short-term relief of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." There is no documented functional benefit or enhancement of mobility or ability to participate in activities of daily living due to Fexmid to warrant continued. As long-term use is not recommended, this request is not medically necessary.