

Case Number:	CM15-0044708		
Date Assigned:	03/16/2015	Date of Injury:	07/28/2014
Decision Date:	04/20/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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: Family Practice

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 64-year-old male, who sustained an industrial injury on 07/28/2014. He has reported subsequent right and left thumb pain and low back pain and was diagnosed with right and left thumb arthritis and disc bulging of L5-S1 with left-sided radiculopathy. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 01/07/2015, the injured worker complained of low back pain radiating to the left lower extremity and bilateral thumb pain. Objective findings were notable for spasm of the left lower lumbar region, pain with motion, point tenderness to palpation of the left lower lumbar area, positive Lasegue's test on the left and crepitus and pain about the CMC joint of the bilateral thumbs. The physician noted that a request for authorization of MRI of the lumbar spine, pain management consults and Flexeril for spasm would be made.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-1 and Algorithm 12-4.

Decision rationale: The MTUS/ACOEM Guidelines comment on the indications for imaging studies in patients with low back complaints. These guidelines state that there should be an assessment for red flags for potentially serious low back conditions. These red flags include radicular signs (Table 12-1). In this case, the treating physician does document radicular signs that are focused to the L5-S1 nerve root. The MTUS/ACOEM Guidelines also comment on the indications for imaging (Algorithm 12-4). In a patient with persistent neurologic symptoms that are significant (i.e. > 4-6 weeks) imaging studies are appropriate to define the lesion causing the neurologic compromise. Based on the information available for review, the patient has persistent neurologic symptoms, the physical examination findings support the concern for persistent nerve root compromise and the plain radiographs suggest L5-S1 pathology. Following the MTUS/ACOEM guidelines, specifically Algorithm 12-4, it would be appropriate to image the patient with an MRI of the lumbar spine. This test is medically necessary.

Referral to Pain Management Specialist QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

Decision rationale: The MTUS/ACOEM Guidelines comment on the need for specialty consultation in patients with low back complaints. Typically, consultation is necessary in the following circumstances: "Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation." In this case, the treating physician is an orthopedic surgeon and while there is evidence of radiculopathy in this patient, there is no evidence of severe neurologic compromise. Further, there is insufficient documentation in the medical records as to the specific rationale for a Pain Management Consultation; particularly given that the treating physician is in the process of evaluating the patient. There is also insufficient documentation that the patient has received a complete course of conservative therapy. Documentation of outcomes from physical therapy is incomplete and it cannot be determined whether referral to a Pain Management Specialist is appropriate. For these reasons, referral to a Pain Management Specialist is not considered as medically necessary.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine/Flexeril Page(s): 41.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of cyclobenzaprine (Flexeril) as a treatment modality. Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, the records indicate that Flexeril is being used as a long-term treatment strategy for this patient's low back condition. Long-term use is not recommended per the above-cited MTUS guidelines. For this reason, Flexeril is not considered as medically necessary.