

Case Number:	CM15-0050721		
Date Assigned:	03/24/2015	Date of Injury:	05/02/2002
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, Florida, California
 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:

This 51-year-old female sustained an industrial injury to the low back on 5/2/02. Recent treatment included home exercise and medications. In a supplemental report dated 1/20/15, the injured worker complained of severe back pain, bilateral sciatica and ongoing numbness to the left half of her body. The physician noted that the injured worker was depressed and worried about her financial situation. Physical exam was remarkable for a mildly crouched gait, lumbar spine with bilateral positive straight leg raise, tenderness to palpation, pain in the region of the coccyx and left groin and an intact central nervous system. Current diagnoses included probable degenerative disc disease with herniated nucleus pulposus at the L5-S1 level with persistent bilateral radiculopathy. The treatment plan included medications (Norco, Flexeril, Gabapentin, Naproxen and Zaleplon), magnetic resonance imaging lumbar spine, x-rays of the coccyx, back brace, Mckenzie extension exercises and consultation with primary care physician for weight loss guidance and ruling out intracranial pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, under MRI.

Decision rationale: This injury was from about 13 years ago. There is continued low back pain, but little neurologic sign changes. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electro diagnostic confirmation generally comes first. They note unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electro diagnostic studies. It can be said that ACOEM is intended for more acute injuries; therefore other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section: Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000) Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. These criteria are also not met in this case; the request was appropriately non-certified under the MTUS and other evidence-based criteria.

X-rays of the coccyx: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor, under Coccydynia. The Medical Disability Advisor notes at <http://www.mdguidelines.com/coccydynia>.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. The Medical Disability Advisor notes at <http://www.mdguidelines.com/coccydynia>: "No specific laboratory tests are performed except to rule out suspected causes or underlying conditions. X-rays of the sacrum and coccyx may be

taken to reveal fractures, dislocations, or other spinal abnormalities, particularly if there is a history of recent trauma. Dynamic x-rays, in which the position of the coccyx is evaluated in sitting and standing positions, may reveal underlying instability. Magnetic resonance imaging (MRI) of the lumbar spine may be indicated if L5-S1 disc pathology is suspected. Ultrasound and computerized tomography (CT) scan of the pelvis and coccyx may be indicated."In this case, there is no history to suggest fracture or damage to the coccyx. There were no records supporting the request. The request is appropriately non-certified.

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, regarding Back Braces.

Decision rationale: California MTUS, specifically Chapter 12 of ACOEM dealing with the low back, note on page 298. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This patient has had the injury for several years; per MTUS the brace would no longer be effective, and so was appropriately non-certified.

Flexeril 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. 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, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. It is not medically necessary and appropriate.

Zaleplon 10mg #60: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Zaleplon or Sonata.

Decision rationale: Also, known as Sonata, the MTUS and ODG is silent. The PDR notes these agents are not recommended for long-term use, but recommended for short-term use. In this case, the use appears to be chronic, with little mention of benefit out of the sleep aid. There is insufficient evidence to support the usage in this claimant's case. The request is appropriately non certified. Is not medically necessary and appropriate.