

Case Number:	CM15-0055921		
Date Assigned:	04/15/2015	Date of Injury:	04/20/2013
Decision Date:	06/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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 37 year old female, who sustained an industrial injury on April 20, 2013. She reported low back pain. The injured worker was diagnosed as having lumbar disc disease with radiculitis, lumbosacral musculoligamentous strain/sprain, rule out lumbosacral spine discogenic disease and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included diagnostic studies, physical therapy, medications and activity modifications. Currently, the injured worker complains of continued low back pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 12, 2015, revealed continued back pain. It was noted she had not received any further care since receiving physical therapy after the injury. She has remained off work after trying to return for a short period and experienced continued pain. Physical therapy, medications, a functional evaluation and equipment were requested. The injured worker is a 37-year-old female who reported an injury on 04/27/2013. The mechanism of injury reportedly occurred when the injured worker bent down, placing pails of lettuce on the floor in a walk in freezer, and felt an onset of sharp pain in her lower back. Her diagnoses included lumbar disc disease with radiculitis, lumbosacral musculoligamentous sprain/strain, rule out lumbosacral spine discogenic disease, and displacement of lumbar intervertebral disc without myelopathy. Her past treatments have included physical therapy, medications, and activity modifications. Pertinent diagnostics and surgical history were not included in the documentation submitted for review. The injured worker presented with complaints of pain in the lower back rated a 5/10, which has decreased

from a 7/10 on the last visit. Upon physical examination of the lumbar spine, there was grade III tenderness to palpation over the paraspinal musculature, which had increased from grade II to III on the last visit, and 2 palpable spasms, which had decreased from 3 on the last visit. There was restricted range of motion. The injured worker was noted to have a positive straight leg raise test bilaterally. There were trigger points noted. Motor strength testing was 4/5 in the right lower extremity. Sensory function was decreased in the right lower extremity. Her current medication regimen included compound topical analgesics, tramadol, and cyclobenzaprine. The treatment plan included a prescription for tramadol 50 mg 1 tablet by mouth twice daily #60 and cyclobenzaprine 5 mg 1 tablet by mouth twice daily, a referral for an MRI of the lumbar spine, physical therapy for the lumbar spine 2 times a week for 6 weeks, extracorporeal shockwave therapy of the lumbar spine once a week for 6 weeks, and urine toxicology testing was performed and a follow-up in 4 weeks. The rationale for the request was not included in the documentation submitted for review. A Request for Authorization form dated 03/27/2015 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The request for Cyclobenzaprine 5mg #30 is not medically necessary. The injured worker has low back pain. The California MTUS Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The documentation submitted for review failed to provide evidence of the injured worker's first line option for the treatment of low back pain. Furthermore, the request as submitted did not include a frequency of use. Given the above, the request as submitted is not supported by the guidelines. As such, the request for Cyclobenzaprine 5mg #30 is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-77.

Decision rationale: The request for Tramadol 50mg #60 is not medically necessary. The injured worker has chronic low back pain. The California MTUS Treatment Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Additionally, the guidelines state that a pain related assessment should include history of pain treatment and effect of pain and function. Furthermore, the guidelines state that the patient should have at least 1 physical and psychosocial assessment by the treating doctor to assess whether a trial of opioids should occur. Additionally, the guidelines suggest a written consent or pain agreement for chronic use and the consideration of a urine drug screen to assess for the use or the presence of illegal drugs. The documentation submitted for review failed to provide evidence that the patient has tried and failed non-opioid analgesics for the treatment of her chronic low back pain. Additionally, the documentation submitted for review failed to include evidence of a baseline pain and functional assessment, a psychosocial assessment, a pain agreement, and a urine drug screen. In the absence of the aforementioned documentation, the request as submitted is not supported by the guidelines. Furthermore, the request as submitted did not include a frequency of use. Given the above, the request as submitted is not medically necessary. As such, the request for Tramadol 50mg #60 is not medically necessary.

Compound NCI - Gabapentin 10%, Bupivacaine 5% in cream base 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112 and 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for compound NCI, gabapentin 10%, bupivacaine 5% in cream base 180 gm is not medically necessary. The injured worker has low back pain. The California MTUS Guidelines state that topical analgesics are physical primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. Additionally, the guidelines state that any compound product that contains at least 1 drug or drug class that is not recommended is not recommended. The documentation submitted for review failed to provide evidence that the injured worker had a trial of antidepressant or anticonvulsants that have failed. Furthermore, the request as submitted includes a drug that is not recommended; which is gabapentin. Moreover, the request as submitted did not include a frequency of use or where the medication was to be applied. Given the above, the request as submitted is not supported by the guidelines. As such, the request for a compound NCI gabapentin 10%, bupivacaine 5% in cream base 180 gm is not medically necessary.

Physical Therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Low Back - Lumbar & Thoracic (Acute & Chronic)), Physical therapy (PT).

Decision rationale: The request for physical therapy 2 x 6 is not medically necessary. The injured worker has chronic low back pain. The California MTUS Treatment Guidelines recommend 10 physical therapy visits for a lumbar sprain and strains of the back. Additionally, the guidelines recommend to allow for fading of treatment frequency from up to 3 or more visits per week to 1 or less, plus active self-directed home physical therapy. Furthermore, the guidelines state that patients should be formally assessed after a 6 visit clinical trial to see if the patient is moving in a positive direction, no direction or a negative direction prior to continuing with physical therapy and when treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. The documentation submitted for review provided evidence that the injured worker completed 5 previous physical therapy sessions for the low back. However, the documentation submitted for review failed to provide evidence of substantial objective functional improvement from the previous therapy as the injured worker's motor strength increased only from -4/5 to 4/5 in the right lower extremity. Furthermore, the documentation submitted for review failed to provide evidence that the injured worker was to continue in a home exercise program. Additionally, the number of visits completed in addition with the number of visits requested exceeds the guideline recommendations and there are no exceptional factors to justify supervised visits over a home exercise program as the injured worker's current functional noted decreased motor strength is minimal. Given the above, the request as submitted is not supported by the guidelines. As such, the request for physical therapy 2 x 6 is not medically necessary.

Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The request for interferential unit is not medically necessary. The injured worker has chronic low back pain. The California MTUS Treatment Guidelines do not recommend the use of interferential unit as an isolated intervention. However, while not recommended as an isolated intervention, patients selection criteria if interferential stimulation is to be used anyway includes pain is ineffectively controlled due to diminished effectiveness of medications or pain is ineffectively controlled with medications due to side effects. The documentation submitted for review failed to provide evidence that the injured worker's pain is ineffectively controlled due to diminished effectiveness of medications or the injured worker's pain is ineffectively controlled with medications due to side effects. Given the above, the request as submitted is not supported by the guidelines. As such, the request for interferential unit is not medically necessary.

Hot & Cold Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: braceshop.comDeRoyal offers full temperature therapy with both hot and cold treatment options to reduce pain.

Decision rationale: The request for hot and cold unit is not medically necessary. The injured worker has low back pain. The braceshop.com recommends the DeRoyal T600 and cold unit for pain and soft tissue swelling as a result of surgery or trauma. Additionally, the brace is rated professional. The documentation submitted for review failed to provide evidence that the injured worker had the professional capabilities to properly utilize the hot and cold unit. Additionally, the request as submitted failed to include a frequency of use and name the body part to where the unit was to be utilized. Moreover, the request as submitted failed to include instructions of use. Given the above, the request as submitted is not supported by the guidelines. As such, the request for hot and cold unit is not medically necessary.

Lumbosacral 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): 300.

Decision rationale: The request for a lumbosacral brace is not medically necessary. The injured worker has low back pain. The California MTUS/ACOEM Treatment Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The documentation submitted for review provides evidence that the injured worker is past the acute phase of symptoms. Given the above, the request as submitted is not supported by the guidelines. As such, the request for lumbosacral brace is not medically necessary.

Physical Performance Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Fitness for Duty, guidelines for performing FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for physical performance Functional Capacity Evaluation is not medically necessary. The injured worker has chronic low back pain. The Official Disability Guidelines recommend performing a Functional Capacity Evaluation when there have been prior unsuccessful return to work attempts, or the injured worker is close or at Maximum Medical Improvement. The documentation submitted for review failed to provide evidence of the injured worker having prior unsuccessful return to work attempts. Given the above, the request as submitted is not supported by the guidelines. As such, the request for physical performance Functional Capacity Evaluation is not medically necessary.

X-ray Lumbosacral Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Indications for Imaging - Plain X-ray.

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

Decision rationale: The request for x-ray lumbosacral spine is not medically necessary. The injured worker has low back pain. The California ACOEM Treatment Guidelines state that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. Additionally, the guidelines recommend there would be unequivocal objective findings that identify specific nerve compromise on the neurologic examination. The documentation submitted for review failed to provide evidence of a red flag and objective findings of nerve compromise on physical examination. Given the above, the request as submitted is not supported by the guidelines. Furthermore, the documentation submitted for review failed to provide evidence that the injured worker would consider surgery an option.