

Case Number:	CM15-0082093		
Date Assigned:	05/04/2015	Date of Injury:	01/10/2013
Decision Date:	09/15/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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: New York

Certification(s)/Specialty: Internal 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 63 year old female, who sustained an industrial injury on 1/10/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having discogenic cervical condition with disc disease, status post fusion at L4-L5, head injury status post concussion with persistent headaches, blurry vision, memory changes, difficulty concentrating, anxiety and stress, and issues of weight loss, sleep, stress, and depression. Treatment to date has included diagnostics, lumbar fusion surgery, trigger point injections, and medications. Currently, the injured worker complains of pain in her cervical spine, low back (with spasms), and unspecified leg (with numbness and tingling). Exam noted tenderness across the lumbar paraspinal muscles, positive Milgram's test and positive straight leg raise test on right. Medication use was not described. She was currently not working. The treatment plan included referral to neurology, physical therapy x12 for the lumbar spine, referral to psychiatrist, Flexeril, Nalfon, and hot/cold wrap.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Hot and Cold Wrap, quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Heat/Cold Packs.

Decision rationale: MTUS and ODG recommend at-home local applications of cold in the first few days of acute complaint of pain, followed thereafter by applications of heat or cold. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. The evidence for the application of cold treatment to low-back pain is more limited than heat therapy. There is minimal evidence supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal function. The injured worker complains of chronic neck and low back pain. Documentation fails to show acute exacerbation of symptoms to establish the medical necessity for the use of Hot and Cold wraps. The request for Hot and Cold Wrap, quantity 1 is not medically necessary by guidelines.

Physical Therapy 3 x 4 weeks, in treatment of the Lumbar Spine, quantity 12: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

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 Chapter.

Decision rationale: The MTUS for post-surgical physical medicine states that post-surgical physical therapy is for functional improvement. The recommended initial course of therapy for this condition is 20 visits, with a maximum of 40 visits over 16 weeks. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency (from up to 3 or more visits per week to 1 or less). When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. Documentation provided for review indicates that the injured worker has not had physical therapy since back surgery. The injured worker complains of ongoing low back pain. The request for Physical Therapy is reasonable. Per guidelines, the request for Physical Therapy 3 x 4 weeks, in treatment of the Lumbar Spine, quantity 12 is medically necessary.

Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. The injured worker complains of chronic neck and low back pain. Documentation fails to indicate acute exacerbation or significant improvement in pain or functional status to justify continued use of Flexeril. The request for Flexeril 7.5mg, #60 is not medically necessary per MTUS guidelines.

Nalfon 400mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. The injured worker complains of chronic neck and low back pain. Documentation fails to show evidence of acute exacerbation or significant improvement in pain or function on current medication regimen. Furthermore, physician report at the time of the request under review shows that Naproxen is also being prescribed. With MTUS guidelines not being met, the request for Nalfon 400mg, #60 is not medically necessary.

Consultation with Neurologist, quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7 page 127.

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

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. Documentation indicates that the injured worker has history of concussion with complains of headaches, for which a Neurology consult was performed in the past. There is also evidence of medications being prescribed by more than one treatment provider. Physician report at the time of the request under review fails to show

acute exacerbation of symptoms to establish the medical necessity for a Neurology Consult, when this condition could be managed by the Primary treating physician. The request for Consultation with Neurologist, quantity 1 is not medically necessary.

Consultation with Psychiatrist, quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Chapter 7 page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations and treatment Page(s): 100.

Decision rationale: Per MTUS guidelines, Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Psychological treatment incorporated into pain treatment has been found to have a positive short- term effect on pain interference and long-term effect on return to work. If pain is sustained in spite of continued therapy, including psychological care, intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. Documentation indicates that the injured worker is diagnosed with Anxiety and Depression. Physician report at the time of the request under review fails to show acute exacerbation of symptoms to establish the medical necessity for a Psychiatry Consult. The request for Consultation with Psychiatrist, quantity 1 is not medically necessary.