

Case Number:	CM14-0119223		
Date Assigned:	09/16/2014	Date of Injury:	09/18/2012
Decision Date:	10/28/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45 year old female who sustained an injury on 09/18/12 when she slipped and fell injuring her low back. The injured worker has been followed for complaints of low back pain with radiating symptoms in the right lower extremity. Prior treatment has included both chiropractic and physical therapy. Recent urine drug screens were negative for all tested substances. The clinical report dated 07/10/14 noted that the injured worker had persistent complaints in the low back and right lower extremity. The injured worker's physical exam noted limited lumbar range of motion with tenderness to palpation in the lumbar paraspinal musculature. There were mild weakness at the right extensor hallucis longus and on plantar flexion. There was decreased sensation in the L5-S1 distributions. The followup on 08/21/14 noted persistent weakness and sensory loss in the right lower extremity. The requested MRI, Tens unit, and medications were denied on 07/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SINGLE POSITIONAL MRI OF THE LUMBAR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: In review of the clinical documentation provided, the requested lumbar MRI would be supported as medically necessary per current evidence based guideline recommendations. The clinical documentation provided for review did note persistent complaints in the low back and right lower extremity despite conservative treatment that has included medications, physical therapy, and chiropractic therapy. The injured worker's most recent physical exam findings did note motor weakness and sensory loss in a right L5-S1 distribution. Given the persistent neurological findings that have failed conservative options, the current evidence based guidelines would support the requested MRI study of the lumbar spine as medically necessary.

6 MONTHS USE OF TENS UNIT -: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 113-117.

Decision rationale: In review of the clinical documentation provided, the requested 6 month TENS rental would not be supported as medically necessary per current evidence based guideline recommendations. The use of a TENS unit can be considered an option for the treatment of certain chronic musculoskeletal complaints as an adjunct to a formal rehabilitation program such as active physical therapy. Guidelines would only support a one month trial of a TENS unit with further use dependent on functional improvement and pain relief documented with its use. In this case, the request is excessive at 6 months and the injured worker is not currently attending a formal physical therapy program. As such, this request is not medically necessary.

60 FLEXERIL 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 63-67.

Decision rationale: In review of the clinical documentation provided, the requested Flexeril 7.5mg quantity 60 would not be supported as medically necessary per current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. As such, this request is not medically necessary.

ANAPROX 550MG QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 67-73.

Decision rationale: In review of the clinical documentation provided, the requested Anaprox 550mg quantity 60 would not be supported as medically necessary per current evidence based guideline recommendations. The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain. Therefore, this request is not medically necessary.