

Case Number:	CM14-0145053		
Date Assigned:	09/12/2014	Date of Injury:	09/19/2013
Decision Date:	10/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 Anesthesiology, has a subspecialty in 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 49-year-old male who reported an injury on 09/19/2013 due to a motor vehicle accident while he was delivering pizzas. The injured worker has diagnoses of lumbago, cervicgia, displacement of lumbar intervertebral disc without myelopathy and displacement of cervical intervertebral disc without myelopathy. Past medical treatment consists of chiropractic therapy, acupuncture and medication therapy. Medications include tramadol, naproxen, cyclobenzaprine, and Prilosec. The injured worker underwent an MRI of the cervical spine and the lumbar spine on 11/01/2013. MRI of the lumbar spine revealed anterior lateral osteophytes were 2 mm central and slightly right sided disc protrusion at L5-S1 flattening the ventral aspect of the thecal sac and abutting the emerging right S1 nerve root, osteophytes result in moderate narrowing of the right L5 and mild narrowing of the left L5 neural foramen. On 08/05/2014 the injured worker complained of neck and back pain. Physical examination had it noted that the injured worker's pain rate was a 7.5/10 to 9/10. Examination of the cervical spine revealed limited range of motion on extension and rotation. It also revealed normal alignment. There was tenderness to palpation over the bilateral cervical paraspinal muscles, levator scapula and cervical facets. There was no spinous process tenderness or masses palpable along the cervical spine. There was a positive Spurling's maneuver bilaterally. Examination of the lumbar spine revealed rotation and side bending were limited. It also revealed no asymmetry or scoliosis. There was normal alignment with normal lumbar lordosis. There was tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There was also tenderness to palpation over L4-5 and L5-S1 facets, bilaterally, greater on the right. There was a positive lumbar facet loading maneuver bilaterally, right greater than the left. Examination revealed there was a negative straight leg raise test in the seated and supine position; however, the injured worker was noted to have localized pain in the low back on right side with straight leg raise

testing. Further examination revealed that there was sacroiliac joint tenderness bilaterally with negative Patrick's test. Motor strength testing were within normal limits. The sensory examination revealed it was grossly intact to light touch and pinprick throughout the lower and upper extremities. Deep tendon reflexes were normal. The medical treatment plan is for the injured worker to undergo medial branch blocks at the L3, L4, and L5 level, have physical therapy 2 times a week for 5 weeks and continue medication therapy. The provider feels that the medial branch blocks will help with pain caused by lumbar facet arthropathy. The Request for Authorization form was submitted on 02/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medial Branch Blocks, L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Diagnostic Blocks, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block.

Decision rationale: The request for Medial Branch Blocks, L3, L4, and L5 is not medically necessary. The California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may have benefited in a patient presenting in the transitional phase between acute and chronic pain. The ODG further state that criteria for the use of diagnostic blocks is limited to patients with pain that is non-radicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, PT and NSAIDs prior to the procedure for at least 4 to 6 weeks. It was noted in the submitted documentation that there was lumbar spine tenderness at the L4-5 and L5-S1 facets; however, it was not noted that there was any tenderness to palpation at the L3 level. Additionally, the submitted report did not indicate any sensory deficits. The provider's request for a Medial branch block L3, L4 to L5 exceeds recommendations of the guidelines which state no more than 2 Facet joint levels should be injected in 1 session. Furthermore, the request as submitted did not indicate which side for the medial branch block. It also did not specify how many medial branch blocks the provider was requesting. Given the above, the injured worker is not within the ACOEM/MTUS and ODG criteria. As such, the request is not medically necessary.

Physical Therapy 2 times a week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for Physical Therapy 2 times a week for 5 weeks is not medically necessary. The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial to restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process and in order to maintain improvement levels. There was a lack of documentation indicating the injured workers prior course of conservative treatment as well as the efficacy of prior treatment. The guidelines recommend up to 10 visits of physical therapy: the request as submitted was indicated for 2 times a week for 5 weeks; however, the request did not specify what extremity was going to be receiving the physical therapy. Given the above, the injured worker is not within the MTUS recommended Guidelines. As such, the request is not medically necessary.

Tramadol ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The California MTUS Guidelines state for analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring including; analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. There should also be an assessment indicating what the injured workers pain levels were during and after medication. The use of drug screens are also recommended. The request as submitted did not indicate the efficacy of the medication. Additionally, there was no indication of assessment as to what the pain levels were before, during, and after the medication was administered. Furthermore, there were no drug screen or urinalysis submitted for review showing that the injured worker was in compliance with their medications. Given the above, the injured worker is not within the MTUS recommended Guidelines for the use of tramadol. As such, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41, 64.

Decision rationale: The request for Cyclobenzaprine 7.5mg #60 is not medically necessary. The California MTUS Guidelines state cyclobenzaprine is recommended for a short term course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; however, 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. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy is questionable. Documentation submitted for review indicated that the injured worker had been taking cyclobenzaprine since at least 02/14/2014, exceeding the recommended guidelines for short term therapy. Additionally, the efficacy of the medication was not submitted for review. Furthermore, the request as submitted is for cyclobenzaprine 7.5 mg #60 also exceeding the recommended guidelines for short term therapy. Given the above, the injured worker is not within the MTUS recommended Guidelines for the use of tramadol. As such, the request is not medically necessary.