

Case Number:	CM14-0160450		
Date Assigned:	10/06/2014	Date of Injury:	12/25/2012
Decision Date:	10/31/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational Medicine and is licensed to practice in California. 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 39-year-old female who sustained an injury on 12/25/12. She complained of frequent radiating sharp pain and spasms in her neck, shoulders, and low back. She also reported a burning, cramping pain in her right shoulder radiating down her right arm and numbness all the way down her right arm. She gets cramping pain in her right hip and in both legs, right greater than left. Cervical spine exam revealed tenderness in the posterior cervical area with 50% restriction of extension, lateral bending and rotation and 30% restriction of motion with flexion, and positive Spurling's toward the left. There was tenderness across the lumbosacral area, right greater than left with 75% restriction of extension and 50% with flexion. There was positive straight leg raising and Patrick's bilaterally. There was elicited pain across lumbosacral region including bilateral sacroiliac joints. Right shoulder exam revealed lateral abduction up to 120 degrees and positive Hawkins. Cervical spine magnetic resonance imaging scan dated 3/11/13 showed disc bulging at C4-7, moderate spinal stenosis at C6-7, and right lateral disc protrusion at C5-6. Lumbar spine magnetic resonance imaging scan dated 2/11/13 showed disc bulging at L2-3 and left lateral bulging, at L5-S1 with left lateral stenosis and bulging at L5-S1 with left lateral stenosis. Current medications include gabapentin, Tramadol, Pepcid, and Zanaflex. She indicated that the medications helped, but caused extreme drowsiness and sleepiness. She had benefits with Oxycodone only for 4 hours. Zanaflex gave slight pain relief. Chiropractic therapy gave pain relief. Diagnoses include chronic pain syndrome, brachial neuritis, cervicgia, thoracic or lumbosacral neuritis or radiculitis, unspecified, degeneration of lumbar or lumbosacral intervertebral disc, sacroiliitis, not elsewhere classified, degeneration of cervical intervertebral disc, drug-induced constipation, gastroesophageal reflux disease, symptoms of depression, and anxiety. The request for cervical epidural steroid injection C5-C6, 4 chiropractic therapy sessions for the cervical spine and lumbar spine, 4 acupuncture sessions for

the cervical spine and lumbar spine, Oxycodone 10 mg #90, and Zanaflex 4 mg #120 were denied on 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Per guidelines, cervical epidural steroid injection is recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for the use of epidural steroid injections include: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non steroidal anti-inflammatory drugs, and muscle relaxants). In this case, there is imaging evidence of nerve root compression, corroborating with clinical findings. However, there is no documented trial and failure of conservative management such as physical therapy (for a reasonable period of time) or medications such as non steroidal anti-inflammatory drugs or oral steroids. Therefore, the medical necessity of the request is not established based on the guidelines and submitted clinical information.

4 Chiropractic Therapy Sessions for The Cervical Spine and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, chiropractic treatment may be appropriate for treatment of chronic pain workers in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. For therapeutic care of the low back, the guidelines recommend a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, may be recommended. The Chronic Pain Medical Treatment Guidelines recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions with the goal of positive symptomatic or objective measurable gains in functional improvement and the return to productive activities.

In this case, there is no record of progress notes of previous chiropractic treatments with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) in order to demonstrate its efficacy. The total number of chiropractic visits the injured worker has received is unknown. Furthermore, additional treatments might exceed the guidelines recommended number of visits. Thus, the request is not medically necessary per guidelines and due to lack of documentation.

4 Acupuncture Sessions for The Cervical Spine and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Per the Official Disability Guidelines, acupuncture is not recommended for acute low back pain. It is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. Nonetheless, acupuncture has not been found to be better than other treatment (either conventional or alternative) in terms of pain or function. The records do not show the criteria are met. There is no documentation of any pain medications being reduced or tolerated. No other rehabilitation or chiropractic treatment has been approved. Thus, the request is not medically necessary per guidelines.

Oxycodone 10 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Oxycodone is a short acting opioid is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the worker's decreased pain, increased level of function, or improved quality of life". In this case, the medical records do not establish ongoing attempts with non-pharmacologic means of pain management such as home exercise program or biofeedback. There is no evidence of return to work. There is little documentation of significant improvement in pain level; there is no mention of standard quantitative measurement of pain level, i.e. visual analog scale. There is no evidence of recent urine drug test in order to monitor the worker's compliance. Conversion to

long acting opioids should be considered when continuous around the clock dosing is desired. Therefore, the request for Oxycodone at the current dosage is non-certified.

Zanaflex 4 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 66.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is Food and Drug Administration approved for management of spasticity; unlabeled use for low back pain. In this case, there is no evidence of spasticity in this injured worker. There is no documentation of trial of first line therapy. There is little to no evidence of any significant improvement in function with prior use. Therefore, the request is not medically necessary according to the guidelines.