

Case Number:	CM14-0023530		
Date Assigned:	05/12/2014	Date of Injury:	01/09/2012
Decision Date:	09/05/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 48-year-old female with a date of injury of 01/09/2012. Per treating physicians report on 01/08/2014, the patient reports a flare-up of symptoms while getting out of car with sudden increase in pain level with intensity of 8/10 to 8+/10. The patient had obvious pain with marked difficulty in getting on and off the examination table. Following lumbar epidural injection, her pain level were decreased by more than 50% for more than 1 month, but gradually and progressively, her symptomatology has increased and her functional capacity has decreased. An examination showed positive straight leg raise test on the right at less than 40 degrees, positive on the left side at 50%. Motor weakness noted at L5 and S1 distribution at 4- to grade 4 on the right and 5- on the left. Dermatomal hyposensitivity L5 and S1 distribution on the right, right ankle jerk is absent. The physician's assessments included discogenic sciatic radiculopathy, mechanical low back pain, acute exacerbation, loss of motion segment of the lumbar spine and abnormal posture flexion antalgia. A 01/09/2014 report by [REDACTED] recommends proceeding with recommended pain management procedure as per recent evaluation by [REDACTED]. A 10/30/2013 report is by [REDACTED] who reviewed the MRI of the lumbar spine from 2012 that showed 2-mm disk bulge at L4-L5, no central canal or foraminal stenosis, facet joints are unremarkable, EMG/NCV studies of the upper extremities consistent with mild carpal tunnel syndrome and chronic left C6 radiculopathy. An examination showed straight leg raise 80 degrees on the left and 70 degrees on the right side, pain with flexion and extension. His diagnoses were lumbar degenerative disk disease with predominantly L4-L5 radiculopathy; rule out thoracic degenerative disk disease at T12. The patient was to be scheduled for second lumbar selective nerve injection upon authorization, continue physical therapy, chiropractic manipulation with [REDACTED]. There is a retrospective request for Mobic 15 mg #30, Flexeril 10

mg #30, 2nd lumbar selective epidural, and continued physical therapy (PT) and chiropractic manipulation. The physician would also like to refer the patient for acupuncture per patient's request. He notes under the subjective findings that the patient had lumbar epidural steroid injection 05/16/2013 with 40% improvement having some recurrent pain with pain level at 4/10. This report contains no discussion regarding medication efficacy. A 10/14/2013 report by [REDACTED], chiropractic physician, recommends transverse arch tape placed for next 24 to 48 hours, home program including activity modifications, therapeutic exercises. The 10/07/2013 report by [REDACTED] indicates the patient is now ready for postsurgical physical rehab procedures but there is no indication of what surgery this patient has had. Review of the rest of the reports show what appears to be dictated treatment report by [REDACTED], chiropractic physician. These reports start from 07/02/2013 and there appeared to be at a frequency of 3 times a week through August, September, and October.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MOBIC 15MG DAILY, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60-61.

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician has a retrospective request for Mobic 15 mg. Despite review of the treating physician report from 10/31/2013 and numerous chiropractic physician reports from July 2013 to April 2014, the efficacy of this medication is not discussed. MTUS Guidelines page 60 require documentation of pain and function if medication is used for chronic pain. There is no indication in this patient that Mobic has been instrumental in reducing pain or improving function. Therefore the request is not medically necessary.

RETROSPECTIVE FLEXERIL 10MG AT BED TIME, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain); Cyclobenzaprine (Flexeril (R)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available); Muscle relaxants (for pain) Page(s): 64; 63.

Decision rationale: This patient presents with chronic neck and low back pain. In a report from [REDACTED], on 10/31/2013, there is no discussion as to how Flexeril is to be used and for what condition. There is no discussion regarding whether or not this medication is to use for short term for flare-ups or for long term. MTUS Guidelines do not support long-term use of Flexeril. If it is to be used, it may be used for acute flare-ups for 2 to 3 days and no more than 2

to 3 weeks. In this case, the treating physician does not explain whether or not this medication use is to be used for short term. Therefore the request is not medically necessary.

RETROSPECTIVE 2ND LUMBAR SELECTIVE EPIDURAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46-47.

Decision rationale: This patient presents with chronic neck and low back pain. There is a retrospective request for second lumbar epidural steroid injection. Review of treating physician's report 10/31/2013, indicates that the patient's last epidural steroid injection was from 05/16/2013 that provided some 40% reduction of pain. For repeat injections, MTUS Guidelines require 50% reduction of pain with reduction in medication use. Reduction duration should be at least 6 to 8 weeks. In this case, the treating physician reports only 40% reduction. There is no evidence that the patient experienced functional gain or reduced use of medication. Furthermore, the treating physician references an MRI of the lumbar spine that only showed 2-mm disk bulge at L4-L5. There is no evidence that this patient has a clear diagnosis of radiculopathy. Therefore the request is not medically necessary.

RETROSPECTIVE CONTINUED PHYSICAL THERAPY (PT) AND CHIROPRACTIC MANIPULATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: This patient presents with chronic neck and low back pain. There is a retrospective request for continued physical therapy and chiropractic manipulation. This patient presents with chronic low back and neck pain. The treating physician has asked for continued physical therapy and chiropractic manipulations. Review of the reports show that this patient has had chiropractic treatments with [REDACTED] through July, August, September, October, November, and then restarted on January, February, March, and April. Each of the chiropractic physician's report described various different findings but no overall improvement through these treatments. [REDACTED] has asked for additional and continued physical therapy and chiropractic manipulations without providing any reason as to why these treatments need to be continued. MTUS Guidelines allow 10 sessions of physical therapy for myalgia, myositis, the type of condition this patient is suffering from. For chiropractic treatments, maximum of 18 sessions are allowed per MTUS Guidelines with demonstration of function and pain reduction, and ongoing maintenance chiropractic treatments 1 to 2 sessions every 4 months if the patient is working. In this case, the patient has had extensive chiropractic and physical therapy and there is no reason to continue the treatments. Therefore the request is not medically necessary.

