MAXIMUS Federal Services

Case Number:	CM14-0098209		
Date Assigned:	07/28/2014	Date of Injury:	05/29/2013
Decision Date:	10/01/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/26/2014

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 Texas. 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 37 year old female who sustained an injury on 05/29/13 when she was involved in an altercation at a school and threw out her low back. The injured worker reported continuing low back pain radiating to the lower extremities of which a primary component was in the low back. The injured worker is noted to have had preexisting nerve damage to the right anterior lower leg secondary to removal of a tumor in the right knee. Prior treatment had included physical therapy, aquatic treatment, chiropractic manipulation and epidural steroid injections without benefit. Magnetic resonance image studies noted disc pathology as well as facet hypertrophy contributing to impingement of the nerve roots at L4-5 with a significant amount of degenerative disc disease both at L4-5 and L5-S1. No prior surgical history for the injured worker was noted. As of 05/01/14, the injured worker's physical examination noted no clear evidence of motor weakness or reflex changes. No pathological reflexes were identified. There was mild tenderness to palpation in the lumbar paraspinal musculature as well as over the sacroiliac joints bilaterally. The discussion was for a possible spinal cord stimulator trial versus possible discography from L3 through S1. Medications at this evaluation were noted to include Ambien, tramadol and Butrans patches. The follow up on 06/24/14 indicated that the injured worker had exhausted conservative treatment but continued to have low back pain radiating to the lower extremities. The recommendation was for consideration regarding a spinal cord stimulator trial. Butrans patches were increased to 15 micrograms for better pain control and Percocet was also continued. The injured worker had no physical examination for this evaluation, but was kept on work restrictions. The requested office consult for psychological clearance for possible spinal cord stimulator and tizanidine 4 mg #120 were both denied by utilization review on 06/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Consult for Psychological Clearance for possible Spinal Cord Stimulator with [redacted] Quantity: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307,Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 32

Decision rationale: In regards to the request for office consult for psychological clearance for possible spinal cord stimulator, it is this reviewer's opinion that this request is not medically necessary. In review of the clinical documentation submitted, there is no indication that the injured worker actually meets the criteria for a spinal cord stimulator. The injured worker does not present with objective evidence regarding Complex Regional Pain Syndrome, and there are no indications of a postoperative history to support a diagnosis of failed back surgery syndrome or postlaminectomy syndrome. The injured worker has not sustained an injury to the spinal cord itself. Due to the lack of any indications to support that the injured worker does meet the clinical indications for a spinal cord stimulator trial, the psychological clearance would not be needed at this point in time. Therefore, it is this reviewer's opinion that medical necessity is not established at this time.

Tizanidine 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67.

Decision rationale: In review of the clinical documentation submitted for review, this reviewer would not recommend the request for Tizanidine 4mg #120 as medically necessary. As of June 2014, the injured worker did not have a listed prescription for Tizanidine. Furthermore, documentation had indicated that the injured worker failed medication management for his ongoing chronic pain. Given the lack of any indications for the continued use of Tizanidine, this request is medically appropriate.