

Case Number:	CM15-0063994		
Date Assigned:	04/09/2015	Date of Injury:	04/22/2013
Decision Date:	06/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female with an industrial injury dated April 22, 2013. The injured worker diagnoses include lumbago, cervicgia, headache, displacement of lumbar intervertebral disc without myelopathy and displacement of cervical intervertebral disc without myelopathy. She has been treated with diagnostic studies, prescribed medications, chiropractic therapy, physical therapy and periodic follow up visits. According to the progress note dated 02/18/2015, the injured worker has stopped all her pain medications due to side effects. The injured worker reported pain in the head, neck, upper back, right shoulder with radiation to the right leg. The pain was associated with tingling and numbness in the right hand and arm. The injured worker also complained of spasms in neck and shoulders relieved by muscle relaxor. Objective findings revealed tenderness to palpitation over the bilateral superior trapezii, spinous process tenderness and positive bilateral Spurling's maneuver. Lumbar spine exam revealed tenderness with spasm and positive bilateral lumbar facet loading. The treating physician noted positive straight leg raises on the right and positive Patrick's test. Diminished sensation in the C7 and C8 dermatomes of the upper extremities and right L5 and S1 dermatomes of the lower extremities were also noted on examination. The treating physician prescribed Flexeril, Tramadol, lumbar ESI, physical therapy, and trigger point injections to bilateral lumbar and cervical paraspinal musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment in acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, the injured worker has continuously utilized the above medication since at least 12/2014. There is no documentation of objective functional improvement. The guidelines do not support long term use of this medication. There was also no frequency listed in the request. As such, the request is not medically necessary.

Tramadol 50mg #60, dispensed 2/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed to respond to nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Lumbar epidural steroid injection L4-5: 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 (ODG).

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical

examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the injured worker was status post right L4-5 lumbar epidural steroid injection. Although the patient reported a 50% relief of symptoms, there was no documentation of objective functional improvement with an associated reduction of medication use. An additional procedure would not be supported at this time. As such, the request is not medically necessary.

Physical therapy 2wk 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter and low back chapter.

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there was no documentation of objective functional improvement following the initial course of physical therapy. In additionally, the request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically necessary.

Trigger point injections bilateral lumbar paraspinal musculature: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 122.

Decision rationale: The California MTUS Guidelines recommend trigger point injections only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. There should also be documentation of a failure of medical management therapy such as ongoing stretching exercise, physical therapy, NSAIDs, and muscle relaxants. In this case, there was no documentation of circumscribed trigger points with evidence of a twitch response as well as referred pain. There is also no mention of an exhaustion of all conservative management to include recent attempts at active rehabilitation. Given the above, the request is not medically necessary.

Trigger point injections bilateral cervical paraspinal musculature: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: The California MTUS Guidelines recommend trigger point injections only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. There should also be documentation of a failure of medical management therapy such as ongoing stretching exercise, physical therapy, NSAIDs, and muscle relaxants. In this case, there was no documentation of circumscribed trigger points with evidence of a twitch response as well as referred pain. There is also no mention of an exhaustion of all conservative management to include recent attempts at active rehabilitation. Given the above, the request is not medically necessary.