

Case Number:	CM15-0096495		
Date Assigned:	05/26/2015	Date of Injury:	01/17/2002
Decision Date:	06/29/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/19/2015

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

Certification(s)/Specialty: Emergency Medicine

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 70 year old female, who sustained an industrial injury on January 17, 2002. She reported neck and low back pain. The injured worker was diagnosed as having cervical spondylosis without myelopathy and lumbar disc disorder. Treatment to date has included radiographic imaging, diagnostic studies, cervical fusion, trigger point injections of the cervical spine, spinal cord stimulator placement, conservative therapies, medications and work restrictions. Currently, the injured worker complains of neck pain radiating to the shoulders, cervicogenic headaches and continued low back pain with associated sleep disturbances. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She reported a consistent 50% decrease in pain with previous trigger point injections of the cervical spine. She reported excellent pain control of the lumbar spine with use of the spinal cord stimulator. She noted being able to reduce pain medication use by up to 70%. It was noted the cervical pain was worsening as was the associated paresthesias of the shoulders. A cervical spinal cord stimulator was discussed. It was noted she was unable to perform all activities of daily living without great difficulty secondary to interfering pain. Evaluation on November 4, 2014, revealed continued pain as noted. January 9, 2015, revealed continued symptoms as noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

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

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

Decision rationale: The request for Fexmid 7.5mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain radiating to the shoulders, cervicogenic headaches and continued low back pain with associated sleep disturbances. She was treated conservatively and surgically without complete resolution of the pain. She reported a consistent 50% decrease in pain with previous trigger point injections of the cervical spine. She reported excellent pain control of the lumbar spine with use of the spinal cord stimulator. She noted being able to reduce pain medication use by up to 70%. It was noted the cervical pain was worsening, as was the associated paresthesias of the shoulders. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Fexmid 7.5mg #60 is not medically necessary.

4 Trigger point injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

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

Decision rationale: The request for 4 Trigger point injections, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Trigger Point Injections, Page 122, note "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The injured worker has neck pain radiating to the shoulders, cervicogenic headaches and continued low back pain with

associated sleep disturbances. She was treated conservatively and surgically without complete resolution of the pain. She reported a consistent 50% decrease in pain with previous trigger point injections of the cervical spine. She reported excellent pain control of the lumbar spine with use of the spinal cord stimulator. She noted being able to reduce pain medication use by up to 70%. It was noted the cervical pain was worsening as was the associated paresthesias of the shoulders. This treatment is not recommended in cases of radiculopathy, which is well documented in this case. The criteria noted above not having been met, 4 Trigger point injections is not medically necessary.

Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for stimulator implantation. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Spinal cord stimulation (SCS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations, Page 100-101 Page(s): 105-107, 100- 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines - Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation.

Decision rationale: The request for Spinal Cord Stimulator Trial is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations, Page 100-101; and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines- Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation note that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated; and Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management; and Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non- interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. The injured worker has neck pain radiating to the shoulders, cervicogenic headaches and continued low back pain with associated sleep disturbances. She was treated conservatively and surgically without complete resolution of the pain. She reported a consistent 50% decrease in pain with previous trigger point injections of the cervical spine. She reported excellent pain control of the lumbar spine with use of the spinal cord stimulator. She noted being able to reduce pain medication use by up to 70%. It was noted the cervical pain was worsening as was the associated paresthesias of the shoulders. The treating physician has not documented

complete exhaustion of all conservative, non-surgical treatment options, thus not establishing the medical necessity for a SCS trial or psychological evaluation. The criteria noted above not having been met, Spinal Cord Stimulator Trial is not medically necessary.

Psychologist Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations, Page 100-101 Page(s): 105-107, 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines - Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation.

Decision rationale: The request for Psychologist Consultation is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, spinal cord stimulators (SCS), Pages 105-107 and psychological evaluations, Page 100-101; and Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Spinal Cord Stimulators (SCS) and Official Disability Guidelines- Pain (Chronic), Spinal Cord Stimulators, Psychological Evaluation note that spinal cord stimulators are Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated; and Spinal cord stimulators (SCS) should be offered only after careful counseling and patient identification and should be used in conjunction with comprehensive multidisciplinary medical management; and Indications for stimulator implantation: Failed back syndrome (persistent pain in patients who have undergone at least one previous back operation and are not candidates for repeat surgery), when all of the following are present: (1) symptoms are primarily lower extremity radicular pain; there has been limited response to non- interventional care (e.g. neuroleptic agents, analgesics, injections, physical therapy, etc.); (2) psychological clearance indicates realistic expectations and clearance for the procedure; (3) there is no current evidence of substance abuse issues; (4) there are no contraindications to a trial; (5) Permanent placement requires evidence of 50% pain relief and medication reduction or functional improvement after temporary trial. The injured worker has neck pain radiating to the shoulders, cervicogenic headaches and continued low back pain with associated sleep disturbances. She was treated conservatively and surgically without complete resolution of the pain. She reported a consistent 50% decrease in pain with previous trigger point injections of the cervical spine. She reported excellent pain control of the lumbar spine with use of the spinal cord stimulator. She noted being able to reduce pain medication use by up to 70%. It was noted the cervical pain was worsening, as was the associated paresthesias of the shoulders. The treating physician has not documented complete exhaustion of all conservative, non-surgical treatment options, thus not establishing the medical necessity for a SCS trial or psychological evaluation. The criteria noted above not having been met, Psychologist Consultation is not medically necessary.