

Case Number:	CM15-0099515		
Date Assigned:	06/02/2015	Date of Injury:	09/29/2014
Decision Date:	07/03/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 32-year-old male, who sustained an industrial injury on 9/29/14. He reported injuries to low back and bilateral lower extremities while lifting a package. The injured worker was diagnosed as having disc degeneration and right leg radiculopathy. Treatment to date has included physical therapy, work hardening, oral medications including Tylenol with codeine, naproxen, tramadol and metaxalone and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 1/28/15 revealed L5-S1 central disc herniation with a large annular tear and remainder of the spine is normal. Currently, the injured worker complains of low back pain with radiation to the buttocks bilaterally and wrapping around into the groin, he has constant pain radiating from the right groin through the anterior thigh to the shin and calf; he rates the pain 2/10 with medications and 6-7/10 without medications. He remains off work. Physical exam noted normal gait, palpable tenderness over the L5-S1 facets bilaterally, decreased sensation over the right L5 dermatome distribution and limited range of motion. A request for authorization was submitted for pain management consult, chiropractic therapy 6 sessions, 6 sessions of acupuncture and prescriptions for Ultram, Fexmid, Anaprox and Medrol Dose Pak.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Fexmid) is not medically necessary.

Medrol dose pack #21: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medrol dose pack.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: Regarding the request for a steroid taper (medrol) ACOEM states that oral corticosteroids are not recommended. ODG recommends the use of corticosteroids orally for limited circumstances for acute radicular pain. Oral steroids are not recommended for acute non-radicular pain or chronic pain. Additionally, there should be discussion with the patient regarding risks of the medication and the fact that there is limited evidence that it is effective. Within the documentation available for review, there is no indication of new acute radicular symptoms. The patients symptoms appear to be chronic and unchanged since the time of injury. As such, the currently requested steroid taper (medrol) is not medically necessary.

Chiropractic treatments 2 times a week for 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is clear the patient has undergone extensive physical therapy and presumably has been instructed in a home exercise program. Additionally, the patient has failed other conservative treatment in the form of medication and activity modification. Therefore, a trial of chiropractic care seems reasonable. As such, the currently requested chiropractic care is medically necessary.

Acupuncture treatments 2 times a week for 3 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is clear the patient has undergone extensive physical therapy and presumably has been instructed in a home exercise program. Additionally, the patient has failed other conservative treatment in the form of medication and activity modification. Therefore, a trial of acupuncture seems reasonable. As such, the currently requested acupuncture is medically necessary.