

Case Number:	CM13-0003311		
Date Assigned:	10/11/2013	Date of Injury:	07/12/2008
Decision Date:	03/11/2014	UR Denial Date:	06/18/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in Florida. 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 physician 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 50 year-old with a date of injury of 07/12/08. The mechanism of injury is not specified, but consisted of an injury to the low back. A progress report included by [REDACTED] dated 08/30/13, identified subjective complaints of pain in the low back as well as ongoing erectile dysfunction. He also complained of bilateral numbness and tingling in the legs. Objective findings included an antalgic gait. He was noted to have a limited range-of-motion. It states that otherwise the physical exam was "unchanged." Treatment has included Viagra at 50 mg that has been ineffective. He underwent a lumbar laminectomy on 11/28/12. Diagnoses included lumbar disc disease with spinal stenosis as well as erectile dysfunction. A recommendation was made to obtain a bilateral electromyogram (EMG) and nerve conduction study (NCS). Medications were noted to be continued included omeprazole, Tramadol, Norco, and Tizanidine. There is no mention of how long these have been used or specific response to therapy. There is no mention of NSAID (non-steroidal anti-inflammatory drugs) therapy. MRI has shown spinal stenosis at L4-5. A progress report on 06/03/13 by [REDACTED] indicated he has erectile dysfunction related to his dorsal column injury. He has having an incomplete response at 50 mg and the dose of his Viagra would be increased to 100 mg. The length of therapy with Viagra is not specified. The records indicate that he had 6 visits for Aqua Therapy between 06/17/13 and 08/30/13. There was improvement in his pain, but no documentation of functional improvement. A Utilization Review determination was rendered on 06/18/13 recommending non-certification of Viagra; Tizanidine; a neurosurgical consultation; aqua therapy - 12 visits; an EMG and NCS; an hepatic and arthritis panel, chemistry profile, CPK, and CBC.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation With A Neurosurgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that surgical consultation is indicated in patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Failure of conservative treatment to resolve disabling radicular symptoms. In this case, the patient's radicular symptoms have not been documented as disabling. Likewise, a specific lesion has not been identified. Therefore, the record does not document medical necessity for a neurosurgical referral.

12 Aqua Therapy Session: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): s 22, 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that low-stress aerobic exercise is recommended with low back pain. The Chronic Pain Medical Treatment and the Official Disability Guidelines (ODG) state that aquatic therapy is recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy. The patient was beyond the postsurgical physical treatment period of six months at the time of request. The frequency of visits for neuralgia, neuritis, and radiculitis include 8-10 visits over 4 weeks. In general, the Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home Physical Medicine. The record indicates that the patient has received 6 visits of aquatic therapy. An additional 12 visits would significantly exceed the recommendation of a total of 8-10 visits as well as fading of therapy. Additionally, there is no documentation of self-directed home physical therapy. Therefore, there is no documented medical necessity in the record for further aquatic therapy.

(NCV) Nerve Conduction Studies Of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies (NCS).

Decision rationale: The Official Disability Guidelines (ODG) state that nerve conduction studies are: "... not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." There is no documentation of the necessity to further define a radiculopathy. Therefore, the record does not justify the medical necessity for a nerve conduction study.

(EMG) Electromyogram of Bilateral Lower Extermity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303, 309.

Decision rationale: Chronic Pain Medical Treatment Guidelines states that for clinically obvious radiculopathy, electromyography (EMG) is not recommended. They note that an EMG may be indicated when the neurological exam is less clear before ordering imaging studies. There is no documentation that the physical examination is unclear or that imaging studies are contemplated. Therefore, the record does not justify the medical necessity for an electromyogram.

1 Prescription Of Viagra 100mg #9 With 1 Refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Online Viagra.

Decision rationale: Viagra is FDA approved for erectile dysfunction. A dosage of 100 mg is acceptable when 50 mg is not totally effective. Therefore, there is documented medical necessity in the record for Viagra 100 mg.

1 Prescription Of Tizanidine 4mg #60 With 1 Refill: Upheld

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

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

Decision rationale: Tizanidine (Zanaflex) is an antispasticity/antispasmodic muscle relaxant. Dosage recommended is 2-4 mg every eight hours up to a maximum of 36 mg per day. The Chronic Pain Medical Treatment Guidelines states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. However, eight studies have shown efficacy of tizanidine for low back pain. Other authors recommend Tizanidine as a first-line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. The denial of services was based upon lack of documentation of muscle spasm. However, as noted above, Tizanidine has been shown to have efficacy in low back pain. Therefore, the Guidelines indicate there is medical necessity for Tizanidine

1 (CBC) Complete Blood Count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Online Acorda Products, Zanaflex and Viagra

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address the routine monitoring with complete blood counts (CBC). The patient is on several oral medications. However, none of them have CBC monitoring listed in their prescribing information. Therefore, there is no documented medical necessity in the record for a CBC.

1 Hepatic and Arthritis Panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Online Acorda Products, Zanaflex, Aspax and Viagra.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not specifically address hepatic function monitoring. However, the patient is on several medications including tizanidine, Norco and Viagra that either cause hepatic side effects or whose prescribing is influenced by liver function. Therefore, there is documented medical necessity for a hepatic panel. There is no relationship between a hepatic panel and the patient's drug therapy that would warrant an arthritis panel. Likewise, there are no documented signs or symptoms in the record that would support medical necessity for an arthritis panel

1 Chemistry 8 Panel: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: online Viagra..

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) do not specifically address monitoring with a chemistry panel. However, the patient is on medications whose dosing is effected by renal function including Viagra. Therefore, there is documented medical necessity for chemistry panel.

1 (CPK) Creatine Phosphokinase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Online Acorda Products, Zanaflex and Viagra

Decision rationale: The patient's documented prescribed drugs does not recommend CPK monitoring in their prescribing information. Therefore, there is no documented medical necessity in the record for a CPK.

1 (CRP) C - Reactive Protein: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Online Acorda Products, Zanaflex and Viagra Acute Phase Reactants.

Decision rationale: A CRP is an acute phase reactant. The Chronic Pain Medical Treatment Guidelines does not specifically address monitoring with a CRP. The patient's documented prescribed drugs do not recommend CRP monitoring in their prescribing information. Authoritative sources such as Up-to-date state: "Although acute phase reactants are of little use in distinguishing between rheumatoid arthritis (RA), osteoarthritis, and systemic lupus erythematosus, they are helpful in monitoring disease activity in RA." There is no evidence that this patient has RA. Therefore, there is no documented medical necessity in the record for a CRP.