

Case Number:	CM13-0013798		
Date Assigned:	10/01/2013	Date of Injury:	06/19/2013
Decision Date:	01/29/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/20/2013

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 Occupational Medicine, and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of June 19, 2013. It does appear that the applicant has filed for cumulative trauma as opposed to a specific injury. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. The applicant has alleged issues with anxiety, depression, sleep disturbance secondary to pain, it is further noted. The applicant is also noting a hostile work environment, it is further noted. In a utilization review report of August 14, 2013, the claims administrator denied a request for lumbar spine x-ray, denied a request for knee x-ray, denied a lumbar MRI, denied electrodiagnostic testing, denied a lumbar support, denied an interferential unit, denied hot and cold therapy unit, certified a urine drug screen, denied a functional capacity evaluation, partially certified a request for 12 sessions of physical therapy as 6 sessions of physical therapy, denied a request for several topical compounds, and certified a request for tramadol. The applicant's attorney later appealed. A September 4, 2013 progress note is notable for comments that the applicant underwent physical therapy; only 10% improvement was noted. The applicant had a lumbar MRI showing a 3.5 mm disk protrusion at L5-S1. He was given topical compound, TG Hot, and tramadol and asked to remain off of work, on total temporary disability. An earlier progress note of July 24, 2013 was again notable for comments that the applicant should be placed, off of work, on total temporary disability. The applicant was reporting low back and knee pain secondary to cumulative trauma at work and stated that he was having depression and difficulty sleeping owing to fact that his supervisor was shout

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) x-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, table 12-8, the routine usage of lumbar spine x-rays during the first month of symptoms, in the absence of red flags is "not recommended." In this case, the attending provider did not furnish any compelling rationale for the lumbar spine x-ray. It is further noted that the applicant's complaints of low back pain secondary to cumulative trauma at work, did not call into question any red flag signs or symptoms such as cancer, fracture, tumor, infection, etc., which would have made a case for lumbar spine plain films. Therefore, the request is not certified.

One (1) x-ray of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341,346,347.

Decision rationale: The x-rays of the knees were ordered on the applicant's first office visit with the attending provider. Per the MTUS-adopted ACOEM Guidelines, special studies, including plain films, are generally not needed to evaluate most knee complaints until after a period of conservative care and observation. This period of conservative care and observation had not transpired on or around the date of the request. The Guidelines also state that routine radiographic films for most knee complaints and knee injuries are "not recommended." In this case, again, as with many other requests, the attending provider did not furnish any compelling rationale, narrative, diagnosis, differential diagnosis so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not certified.

One (1) MRI of the lumbar spine: 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): 303.

Decision rationale: The attending provider performed the lumbar MRI and the said lumbar MRI was diagnostic, showing only a low-grade disk bulge, which is not necessarily amenable to surgical correction. The MTUS-adopted ACOEM Guidelines note that the lumbar spine MRI often result in nonspecific disk bulges, which do not reflect an applicant's true pathology, and do not require any specific treatment. In this case, it is further noted that the applicant did not have any clear neurologic deficits, which would warrant lumbar MRI imaging, nor was it clearly stated that the applicant would consider a surgical remedy were it offered to him. Therefore, the request is not certified.

One (1) electromyography of the bilateral lower extremities: 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): 303-305.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, electromyography (EMG) testing may be useful to identify subtle, focal neurologic deficits in individuals with low back symptoms, which persists greater than three to four weeks. In this case, however, the office visit of July 24, 2013, did not make any subtle complaints of neurologic dysfunction. There was no mention of low back pain radiating to the legs. The applicant had intact lower extremity strength, sensorium, and reflexes, all of which argued against subtle lumbar radiculopathy, which would have required EMG testing to identify. Therefore, the request is not certified.

One (1) nerve conduction velocity (NCV) of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule, and the ACOEM Practice Guidelines, 3rd Edition, Low Back Disorders, Electromyography.

Decision rationale: As noted in the third edition ACOEM Guidelines, nerve conduction studies are typically for normal radiculopathy. While a nerve conduction testing can be used to identify other causes of lower limb symptoms, such as generalized peripheral neuropathy, peroneal compression neuropathy, etc., which can mimic sciatica. In this case, there is no clear description of issues with sciatica, sciatic pain, etc., which would have called into question a possible peroneal neuropathy or generalized peripheral neuropathy, and which would have warranted MTUS testing to further uncover. Therefore, the request is not certified.

One (1) lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, the applicant has alleged low back pain secondary to cumulative trauma over several months of employment. A lumbar support was not indicated, given the subacute nature of the applicant's complaints. Therefore, the request is not certified.

One (1) interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 167,300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, insufficient evidence exists to determine the efficacy of sympathetic therapy, a form of electrical stimulation also known as inferential therapy. In this case, this office visit appeared to represent the applicant's first office visit with the attending provider in question. It was not clearly stated that first line treatments have been tried and failed before interferential therapy, treatment for which insufficient evidence exists, was sought. Therefore, the request is not certified.

One (1) hot/cold therapy unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, simple, low-tech at home applications of heat and cold are as affective as those performed by therapist or by implication, those delivered via high-tech means. In this case, the attending provider has not furnished any compelling rationale or narrative to the request for authorization so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not certified.

One (1) functional capacity evaluation:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Independent Medical Examinations and Consultations Chapter, pgs. 137-138.

Decision rationale: While the applicant mentioned pain secondary to cumulative trauma, the request was initiated on the applicant's first office visit with the attending provider in question. The guidelines note that functional capacity evaluations (FCEs) are widely used, overly promoted, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. In this case, the applicant was placed off of work, on total temporary disability. It does not appear that the applicant has a job to return to at his former employer. It is unclear why an FCE was being sought particularly as the applicant does not appear have exhausted conservative treatments, does not intend to return to work, is now represented, and may or may not have a job to return to. For all the reasons, the request is not certified.

Twelve (12) physical therapy sessions including an evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 134.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: While the MTUS-adopted ACOEM Guidelines indicate that one to two sessions of physical therapy can be employed for education, counseling, and evaluation of home exercise. The third edition ACOEM Guidelines note that those individuals with mild symptoms require no therapy only a few appointments, also note that those with moderate problems may require five to six visits, and further note that those with more severe problems may require 8 to 12 visits. However, the third edition ACOEM Guidelines indicate that there should be evidence of program progression and functional improvement so as to justify continued treatment. In this case; however, a 12-session course of treatment would not allow for attending provider reevaluation during the treatment course so as to determine the presence of program progression and functional improvement. Therefore, the request is not certified.

One (1) prescription of Flurflex 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,49.

Decision rationale: The MTUS-adopted ACOEM Guidelines note that oral pharmaceuticals are first line palliative method, and further note that topical medications such as Flurflex are "not recommended." In this case, the attending provider did not furnish any compelling rationale, or

narrative to offset the unfavorable ACOEM recommendation. Therefore, the proposed topical compounded Flurflex agent is not certified.

One (1) prescription of Medrox patches #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,49.

Decision rationale: The attending provider prescribed these topical compounds on his first office visit with the applicant. As noted in the MTUS-adopted ACOEM Guidelines, oral pharmaceuticals are the first line palliative method. In this case, there was no evidence of intolerance to and/or failure of first line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds, which are per ACOEM table 3-1 "not recommended." Therefore, the request is not certified.