

<b>Case Number:</b>	CM13-0016979		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	05/11/2009
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 records presented for review indicate that this 61-year-old female was reportedly injured on May 11, 2009. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 3, 2014, indicated that there were ongoing complaints of low back pain with right sided radicular pain since the spinal fusion performed in 2011. Current medications included Norco, Ducosate, Wellbutrin, Zolpidem, Hydrocodone, Flector patches, and Celebrex. The physical examination demonstrated tenderness of the thoracolumbar spine and lumbar sacral junction. There was decreased leg muscle strength at L4-L5 and decreased right sided sensation at L5. The treatment plan involved continuing existing medications. Previous treatment included an L4-L5 fusion performed on May 5, 2011, acupuncture, cognitive behavioral therapy and a medial branch block. A request had been made for a psychological evaluation and L-Methylfolate and a gravity free chair and Gabapentin/Ketoprofen/Lidocaine gel as well as nerve conduction studies of the lower extremities and was not certified in the pre-authorization process on July 31, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOLOGICAL EVALUATION:** Upheld

**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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 79.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended and generally accepted. However, there was no mention of the need for a psychological evaluation or the rationale for one in the most progress recent note dated June 3, 2014. Without specific justification, this request for psychological evaluation is not medically necessary.

**L-METHYLFOLATE:** 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 <http://www.ncbi.nlm.nih.gov/pubmed/19169195>.

**Decision rationale:** L-Methylfolate is a medication used to help with major depressive disorders. Despite the injured employee's clinical appearance on the date of June 3, 2014, there was no mention or diagnosis of the injured employee having depression. For this reason, the request for L-Methylfolate is not medically necessary.

**GABAPENTIN/KETOPROFEN/LIDOCAINE GEL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines states that topical analgesics are largely experimental and that any compound product, that contains at least one drug, that is not recommended, is therefore also not recommended. As there has been shown to be no efficacy for topical Gabapentin, this request for Gabapentin/Lidocaine/Ketoprofen gel is not medically necessary.

**GRAVITY FREE CHAIR:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** It is unclear why there is a request for a gravity free chair for the injured employee. The most recent progress note, dated June 3, 2014, stated that the injured employee was able to ambulate without any handheld assistive devices and displays equal and symmetrical

weight-bearing of the lower extremities with a normal cadence. Considering this, the request for gravity free chair is not medically necessary.

**ELECTROMYOGRAPHY (EMG) OF BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to the most recent progress note, dated June 3, 2014, the injured employee complained of right leg radiculopathy. There was decreased sensation in the right L5 dermatome. The injured employee complained about this radiculopathy after operative intervention at the L4-L5 level. Considering this corroborating evidence, this request for lower extremity EMG studies is not medically necessary.

**NERVE CONDUCTION STUDIES (NCS) OF 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 (ODG), Low Back.

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

**Decision rationale:** According to the most recent progress note, dated June 3, 2014, the injured employee complained of right leg radiculopathy. There was decreased sensation in the right L5 dermatome. The injured employee complained about this radiculopathy after operative intervention at the L4-L5 level. Considering this corroborating evidence, this request for lower extremity nerve conduction studies is not medically necessary.