

Case Number:	CM13-0027613		
Date Assigned:	02/21/2014	Date of Injury:	03/11/2009
Decision Date:	04/23/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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 patient is an employee of [REDACTED] and has filed a claim for adiscogenic lumbar condition with facet inflammation and left-sided radiculopathy with intermittent numbness and tingling associated with an industrial injury date of March 11, 2009. Utilization review from September 11, 2013 denied and the requests for EMG right lower extremity due to no objective documentation of nerve compromise on the right, NCS right lower extremity due to no objective documentation of nerve compromise on the right, lumbar back brace due to no supportive evidence for long-term effectiveness, LUMBAR ORTHOSIS due to no supportive evidence for long-term effectiveness, TENS unit due to no report of functional benefit from electrical stimulation under the supervision of a licensed physical therapist, hot/cold wrap due to no proven long-term efficacy, and Flexeril due to no documented functional improvement from previous use. Treatment to date has included physical therapy and opioid and non-opioid pain medications. Medical records from 2013 through 2014 were reviewed showing that the patient complains of back pain which is exacerbated by prolonged standing, bending, and lifting packages at work. The patient complains of frequent spasms in the back which radiate down to the left thigh. The pain level is noted to be at 8/10. Norco has been noted to decrease the pain which allows him to be more functional and continued to do his day work. Physical exam demonstrated decreased lumbar range of motion. There were no neurological findings documented for the right lower extremity. An MR imaging study from September 16, 2013 demonstrated multi-level mild narrowing of the central canal and neural foramina due to multi-level herniation with mild generalized facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT LOWER EXTREMITY: Upheld

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

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

Decision rationale: Page 303 of the California MTUS ACOEM Low Back Chapter states that electromyography is used to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. In this case, the patient has chronic low back pain but there were no documented focal neurological findings for the right lower extremity. Therefore, the request for EMG right lower extremity is not medically necessary.

NCS RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 chapter, Nerve conduction studies (NCS)

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, the patient has chronic low back pain but there were no documented neurological findings for the right lower extremity. There was no specific discussion or indication concerning the need for an NCS in the right lower extremity. Therefore, the request for NCS right lower extremity is not medically necessary.

**LUMBAR BACK BRACE ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,
LUMBAR BOLSTER PAD: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: As stated on page 301 of the California MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. In this case, it is unclear whether the patient has suffered an acute exacerbation of the back pain. Progress notes indicate that the general level pain has been steady. The patient's complaints are chronic, and there is no pending or recent surgery. Therefore, the request for LUMBAR BACK BRACE ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD is not medically necessary.

LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L1 TO BELOW L5 VERTEBRA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), LOW BACK, 301

Decision rationale: As stated on page 301 of the California MTUS ACOEM Low Back Chapter, lumbar supports have not been shown to have any lasting benefits beyond the acute phase of symptom relief. In this case, it is unclear whether the patient has suffered an acute exacerbation of the back pain. Progress notes indicate that the general level pain has been steady. Therefore, the request for LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L1 TO BELOW L5 VERTEBRA is not medically necessary.

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 114-116.

Decision rationale: As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration given that conservative treatment methods have failed and that a specific treatment plan with short and long term goals has been established. In this case, the patient suffers from chronic back pain, which has not been relieved by physical therapy and medications significantly. However, a treatment plan documenting short and long-term goals was not clearly established. It is unclear whether the TENS unit will be used in conjunction with a home exercise program. The request does not indicate duration for use. Therefore, the request for a TENS unit is not medically necessary.

HOT/COLD WRAP: 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)

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 chapter, Cold/heat packs

Decision rationale: The CA MTUS does not address Cold/heat packs specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, Cold/heat packs was used instead. The Official Disability Guidelines state that cold/heat packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs. In this case, it is unclear whether the patient has suffered an acute exacerbation of the back pain. Progress notes indicate that the general level pain has been steady. Therefore, the request for hot/cold wrap is not medically necessary.

FLEXERIL 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 41-42.

Decision rationale: As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. In this case, the patient has complained of muscle spasms. However, there has not been significant evidence stating the functional benefits derived from Flexeril. The patient has been on this medication since August 2013 and has been prescribed this medication up to December 2013 without any indication for long-term use. The request does not specify a specific amount. Therefore, the request for Flexeril is not medically necessary.