MAXIMUS Federal Services

Case Number:	CM13-0027759		
Date Assigned:	11/22/2013	Date of Injury:	10/16/2003
Decision Date:	01/21/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 52-year-old gentleman who was injured on 10/16/2003 with current orthopedic complaints of low back pain and radiating left leg pain. The initial mechanism of injury was unclear. Clinical assessments for review include an 08/22/2013 pain medicine re-evaluation when the patient was seen by [redacted], for which he was with subjective complaints of low back pain radiating to the left lower extremity, stating that his average pain scores were unchanged with a level of 5/10 to 7/10 with medications and 7/10 to 10/10 without medications. The left leg pain was worse with walking. Objectively, the patient demonstrated moderate to severe distress with motion, an antalgic gait, restricted lumbar range of motion and tenderness at the L4-S1 level with diminished motor strength of the left lower extremity in a "moderate" fashion with no specific muscle groups documented and diminished sensation from L4-S1 with positive left-sided straight leg raise. The patient was diagnosed with the following: (1) lumbar radiculopathy, (2) lumbar facet syndrome, (3) lumbar failed surgery syndrome, (4) status post spinal cord stimulator implant, (5) anxiety, (6) chronic pain disorder, (7) obesity, (8) medication-related dyspepsia, (9) chronic nausea and (10) multiple falls. The treatment provided at that date was an intramuscular injection of B12 as well as an intramuscular injection to the right gluteal muscle of Toradol. A request for electrodiagnostic studies of both the upper and lower extremities was recommended to "further evaluate the source of neurologic symptoms." A 6 month gym membership was recommended for stabilizing his condition as well as the continued use of medications in the form of Norco, Soma and prochlorperazine. Previous testing for review includes prior electrodiagnostic studies to the lower extremities, demonstrating a left L4 and L5 radicular process from the study dated 12/12/2005. An MRI report of the lumbar spine from 09/28/2010 showed

IMR ISSUES, DECISIONS AND RATIONALES

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

B12 injection provided on 8/22/13: 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 Center for Disease Control and Prevention: Vitamin B12 Deficiency.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines indicate no evidence-based guidelines to either support or refute the use of B12 injections for the role of acute pain. While B12 injections can be given in situation of documented diminished intake of the vitamin, the clinical records for review fail to demonstrate any documentation of B12 deficiency on both physical examination and laboratory assessment. The Center for Disease Control and Prevention states that B12 deficiency can easily be assessed with a complete blood count, peripheral blood smear and a serum B12 level as initial laboratory assessments. The records do not indicate recent assessment with these laboratory tests to document a B12 deficiency. Supplementation with the use of a B12 injection would not be indicated without documentation of a deficiency. Furthermore, as for the use of this injectable for the treatment of pain complaints, at present, there is no medical merit based on literature review. As such, the request is non-certified.

Toradol injection provided on 8/22/13: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac Page(s): 72.

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines in regards to the use of Toradol, it specifically states with a boxed warning that the medication is not indicated for minor or chronic painful conditions. The patient was given an intramuscular injection of Toradol for a working diagnosis of chronic pain through the neck, low back and bilateral shoulders. The role of this anti-inflammatory agent for intramuscular use in the chronic setting is not supported. A boxed warning indicating against the use of the medication for chronic painful conditions is reason enough to not support its use in this chronic case. As such, the request is non-certified.

Electromyography (EMG) and nerve conduction velocity (NCV) testing for the upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: Based on the California ACOEM Guidelines, electrodiagnostic studies for the upper extremities in this case are not supported. The patient is with evidence of prior testing to the upper extremities, as well as recent physical examination that gives no documented finding of an acute radicular process. While the guidelines would recommend the role of electrodiagnostic studies to help assess focal neurologic dysfunction in symptoms lasting for greater than 3 to 4 weeks, the patient's clinical presentation is well understood at this chronic stage in the clinical course of care, and he has already undergone significant testing and workups. As such, the request is non-certified.

EMG/NCV testing of the lower extremities: 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): 303.

Decision rationale: Based on the California ACOEM Guidelines, electrodiagnostic studies to the lower extremities would not be indicated. Once again, while the guidelines indicate the need for electrodiagnostic testing to evaluate subtle, neurologic dysfunction, the patient's current clinical diagnosis based on prior surgical history and recent imaging as well as prior electrodiagnostic studies appears well assessed at present. The patient's recent physical examination, while demonstrating sensory change, shows no obvious or overt acute findings that would necessitate the role of an acute electrodiagnostic study evaluation at this chronic stage in the patient's clinical course of care. As such, the request is non-certified.

six month gym membership: 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, Gym Memberships.

Decision rationale: The California MTUS Guidelines are silent. When looking at the ODG's criteria in regards to gym memberships, they are typically not recommended as a medical prescription, indicating that physical medicine treatment typically is monitored and administered by a medical professional in the work-related and orthopedic setting. While home exercises would clearly benefit this individual, the lack of documentation of medical monitoring would not

necessitate the current request for a gym membership based on the patient's injury in question. As such, the request is non-certified.

Norco 10/325mg #150: 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 Opioids, Criteria for Use Page(s): 76.

Decision rationale: The guidelines indicate that continued use of opioid analgesics would be supported if demonstration of functional improvement was indicated with usage. The patient's VAS scores are noted to be significantly reduced with medication as opposed to without medication. He also carries diagnoses that are consistent with chronic and long-term pain generators, including failed lumbar surgery syndrome. However, the clinical information submitted did not detail evidence of objective functional improvement as a result of this medication. As such, the request is non-certified.

Prochlorperazine 10mg #60: 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 Official Disability Guidelines (ODG) Pain Chapter, Anti-Emetics.

Decision rationale: The California MTUS Guidelines are silent. When looking at the ODG's criteria, the continued role of prochlorperazine, an anti-emetic, would not be indicated. The ODG criteria in regards to anti-emetic use for opioid-induced nausea do not recommend them specifically for use with chronic opioid use. They are recommended for acute use for FDA-approved indications, for which chronic use of opioids is not included. Guidelines go on to state that current research regarding nausea and vomiting as related to opioid use primarily addresses the use of anti-emetics in the cancer setting as well as the setting of acute and postoperative therapy. Recommendations for these agents for use in the chronic pain management setting are not supported. As such, the request is non-certified.