

Case Number:	CM13-0035212		
Date Assigned:	06/09/2014	Date of Injury:	04/16/2012
Decision Date:	08/15/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/16/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 16, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; and reportedly normal electrodiagnostic testing of the bilateral lower extremities of April 4, 2014. In a Utilization Review Report dated October 10, 2013, the claims administrator failed to approve request for electrodiagnostic testing of lower extremities, chiropractic manipulative therapy, acupuncture, a TENS unit rental, hot and cold wrap, cyclobenzaprine, tramadol, and transdermal compounds. The applicant's attorney subsequently appealed. In a May 2, 2013 spine surgery consultation, it was stated that the applicant could be a candidate for a surgical remedy. The applicant did have a past medical history notable for diabetes. The applicant reported persistent low back pain radiating into left leg, 6/10. The applicant stated that earlier treatment, including NSAIDs, physical therapy, and epidural steroid injections have failed to help him. 6/10 pain was reported. The applicant exhibited diminished sensorium about the left S1 dermatome. An L5-S1 decompression surgery was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) BILATERAL LOWER EXTREMITIES: 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): 309.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for a clinically obvious radiculopathy is deemed not recommended. In this case, the applicant reportedly has a clinically-evident, radiographically-confirmed radiculopathy, per the applicant's spine surgeon, who suggested an L5-S1 decompression surgery. EMG testing is, thus, superfluous, as the diagnosis of lumbar radiculopathy has already been definitively established, both clinically and radiographically. Therefore, the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NVC) BILATERAL LOWER EXTREMITIES:
Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Diagnostic Testing section.

Decision rationale: The MTUS does not address the topic of nerve conduction testing of the lower extremities for a suspected peripheral neuropathy. As noted in the Third Edition ACOEM Guidelines, Chronic Pain Chapter, nerve conduction studies are recommended when there is suspected peripheral systemic neuropathy that is either of uncertain cause or if there is a concern about confounding or alternate conditions such as diabetes mellitus. In this case, the applicant is diabetic, the attending provider has posited. The applicant's hyposensorium about the lower extremities, thus, could be influenced by diabetic neuropathy superimposed on lumbar radiculopathy also present here. Nerve conduction testing to delineate the extent of the same is indicated. Therefore, the request is medically necessary.

CHIROPRACTOR 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 58.

Decision rationale: It was not clearly stated how much prior manipulative treatment the applicant had had over the course of the claim. However, as noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, the time deemed necessary to produce effect following introduction of manipulative therapy is four to six treatments. The request, then, as

written for 12 sessions of manipulative therapy represents treatment at a rate three to four times the MTUS parameters. No rationale for treatment this far in excess of the MTUS parameters was provided. Therefore, the request is not medically necessary.

ACUPUNCTURE 2X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The 12-session course of acupuncture being sought here, then, represents treatment at a rate two to four times MTUS parameters. No rationale for treatment this far in excess of MTUS parameters was provided. Therefore, the request is not medically necessary.

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) X ONE MONTH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain topic Page(s): 114.

Decision rationale: As noted on page 114 of the MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but can be employed as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. In this case, however, as the applicant's attending provider has himself acknowledged, earlier conservative treatment, including earlier physical therapy, has proven unsuccessful. The applicant remains off of work. The applicant is now in the process of pursuing lumbar decompressive surgery. Thus, a TENS unit would have no role here, as the MTUS does not support provision of TENS unit as a primary treatment modality but, rather, suggests that they be employed as an adjunct to a program of functional restoration. In this case, conservative care has, quite clearly, been failed. Therefore, the TENS unit is not indicated. Accordingly, the request is not medically necessary.

HOT AND COLD PACK/WRAP THERMAL COMBO UNIT FOR THE LUMBAR SPINE: 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): 299.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299, at-home local applications of heat and cold are recommended as methods of symptom control for low back pain complaints. ACOEM, thus, represent simple, low-tech applications of heat and cold as opposed to the high-tech thermal combination unit being sought by the attending provider to deliver heat therapy and cryotherapy. No rationale or medical evidence to counter the unfavorable MTUS recommendation was provided. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE 10MG #30: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other agents, including Tramadol, also the subject of this report. Addition of Cyclobenzaprine to the mix is not indicated. Therefore, the request is not medically necessary.

TRAMADOL 50MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The attending provider has himself acknowledged that ongoing analgesic medication usage has failed to provide requisite improvements in pain of function. Therefore, the request for Tramadol is not medically necessary.

TRANSDERMAL COMPOUNDS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 7,111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed largely experimental. In this case, it is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should tailor medications and dosages to the specific applicant taking into consideration application-specific variables such as comorbidities, other medications, and allergies. In this case, the attending provider did not state which transdermal compounds were being sought here, nor did the attending provider incorporate any discussion of other medications the applicant was using into his progress note. Therefore, the request is not medically necessary.