

Case Number:	CM13-0038129		
Date Assigned:	12/18/2013	Date of Injury:	11/19/2012
Decision Date:	04/30/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/27/2013

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 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 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 a 34-year-old female who reported an injury on November 19, 2012. The mechanism of injury was not stated. The patient is currently diagnosed with lumbar sprain, right S1 nerve compression with extruded disc and radiculopathy, and chronic pain with secondary anxiety/depression. The patient was seen by [REDACTED] on August 14, 2013. The patient presented with ongoing lower back pain. The patient has completed a course of Pilates over the last two (2) months, which has helped to improve symptoms. The patient has also reported improvement with massage therapy. Physical examination revealed tenderness in the mid-lumbosacral area, painful range of motion, positive straight leg raising on the right and 5/5 motor strength. Treatment recommendations at that time included Pilates, Cymbalta, and an EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 20MG CAPSULES #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state that Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It has also been used off-label for neuropathic pain and radiculopathy. The patient's current examination revealed tenderness to palpation of the lumbar spine with positive straight leg raising and 5/5 motor strength. However, the patient is currently utilizing the antidepressant, Wellbutrin ER 100mg, as well as the anticonvulsant, gabapentin 400mg. There is no indication of a decline in functional capability or a lack of response to the current medication regimen. The medical necessity of a second antidepressant at this time has not been established. Therefore, the request is non-certified.

EMG 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: The California MTUS/ACOEM Practice Guidelines state that electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. According to the documentation submitted the patient's physical examination on the requesting date revealed tenderness to palpation with positive straight leg raising. There was no documentation of a significant musculoskeletal or neurological deficit. There is no indication of a progression of symptoms. The patient reports improvement with conservative treatment including massage therapy. The medical necessity for the requested electrodiagnostic study has not been established. Therefore, the request is non-certified.

(NCV) NERVE CONDUCTION VELOCITY 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), Treatment Index, 11th Edition (web), 2013, Low Back - Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. According to the documentation submitted the patient's physical examination on the requesting date revealed tenderness to palpation with positive straight leg raising. There was no documentation of a significant musculoskeletal or neurological deficit. There is no indication of a progression of symptoms. The patient reports improvement with conservative treatment including massage therapy. The medical necessity for the requested electrodiagnostic study has not been established. Therefore, the request is non-certified.

PILATES 2-4 X 6 (FOR 12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47, 99..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state there is no sufficient evidence to support the recommendations of a particular exercise regimen over another. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of Pilates exercise exceeds guideline recommendations. Based on other clinical information received and the California MTUS Guidelines, the request is non-certified.