

Case Number:	CM13-0039912		
Date Assigned:	12/20/2013	Date of Injury:	07/23/2007
Decision Date:	03/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/28/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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 63-year-old right-handed male who sustained a work related injury on July 23, 2007. The patient states that he was standing and cleaning a large machine, he was approximately 4 to 5 feet off the ground, when suddenly he slipped and fell off of the machine and onto his buttock region and right side of his body. He was helped up by coworkers. He complained of pain to his back, shoulders and abdomen area. He reported the injury to his supervisor and was treated by the company physician. He underwent evaluation and some form of treatment. Later he underwent MRI scans of his neck and low back and was told that he needed surgery. He also underwent testing to the abdomen and was found to have a hernia. He subsequently underwent hernia surgery repair. Currently the patient complains of low back pain radiating to the feet with numbness, neck pain radiating to the hands with numbness and pain to both shoulders with right greater than left. The patient also complains of pain to both wrists and hands radiating to all fingers of each hand with numbness and right abdominal pain on straining. The patient previously sustained a work related injury in mid 2006 while working as a truck driver for ██████████ in which a jack fell on his left hand, pinning it between the jack and the floor of the truck. No further information was noted about this injury and the medical treatment received because of it. In the medical records dated 9/19/13- initial report per ██████████ indicates that the patient complained of persistent low back pain radiating to the feet with numbness; neck pain radiating to the hands with numbness; right abdominal pain on straining; uncontrolled diabetes; poor concentration and memory; fatigue, irritability and anxiety; sleep disturbance with increased daytime sleepiness; and decreased libido. Physical exam demonstrated alert and oriented x3; flat affect: symmetrical abdomen; no abnormal bowel sounds or bruits on auscultation; no unexpected dullness on percussion; diagonal surgical scar in the right tower quadrant of the abdomen with tenderness to palpation along the scar with mild

induration; uncircumcised male with descended testicles; tenderness of the right inguinal ligament and superior pole of the right testicle with no masses palpated; 1 + DTRs, 515 motor strength, and intact sensation (5/5) throughout the bilateral upper and lower extremities; tenderness to palpation along the spinous processes of C3-C7 and L1-L5, and of the bilateral paraspinous muscles of C3-C7 and L2-L5; decreased ROM of the cervical, thoracic and lumbar spine; tenderness of the lumbosacral junction and bilateral PSIS; and positive SLR bilaterally. 4/8/13 MRI of the cervical spine revealed posterior disc bulges at C4-5, C5-C6, C6-C7 and C7-T1; 2 mm spondylolisthesis and annular fissure at C5-C6; mild central canal narrowing at C4-C5 and C6-C7; left neural foramina! narrowing at C3-C4, C4-C5 and C5-C6; and bilateral neural foramina! narrowing at C5-C6 and C7-T1. 1/31/13 flexion and extension x-rays of the lumbar spine (per [REDACTED] summary) revealed gapping of the L5-S1 spondylolysis, with coJiapse on extension. 3/5/12 MRI of the lumbar spine revealed multilevel disc bulges at L2-3, L3-4 and L4-5 with predominantly left-sided neural foramina! narrowing; focal central disc protrusion superimposed on a broad disc bulge with bilateral neural foramina! narrowing; and multilevel facet and ligamentum hypertrophy. 1/17/11 ultrasound of the abdominal wall was negative, with no evidence of hernia adjacent to the scar or of peri-rectus hernia. 1/30/09 MRI of the abdomen showed no abnormality. 11/17/11 EMG/NCV studies of the bilateral upper and lower extremities were abnormal, revealing carpal tunnel syndrome, moderate on the left and moderate-to-severe on the right; mild ulnar sensory neuropathy on the right no evidence of cervical radiculopathy; bilateral lumbosacral (L5-S1) radiculopathy; and no evidence of any

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteopathic and/or Chiropractic treatment Cervical and Lumbar spine 2X4: 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): 298,299,Chronic Pain Treatment Guidelines Physical Medicine (Manipulation) Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain (Chronic) (Updated 11/14/2014)-Chiropractic -Manipulations

Decision rationale: The Physician Reviewer's decision rationale: Regarding osteopathic and/or chiropractic treatment cervical and lumbar spine 2x4 the request does not satisfy CA MTUS Guidelines. The patient is a surgical candidate, and the surgical plan is for anterior and posterior decompression and fusion at L5-S1. instrumentation bone graft, to be followed by multilevel ACDF. There is radiological evidence of L5-S1 spondylolysis. Manipulation of the spine is not recommended in the presence of an unstable lesion, such as bilateral pars defect. Furthermore, the patient has undergone several courses of chiropractic therapy, most recently in 2012. The number of sessions completed to date is not specified and there is no objective functional improvement documented as required by CA MTUS therefore the request for Osteopathic and/or Chiropractic Treatment Cervical and Lumbar Spine 2x4 is not medically necessary.

Interferential Unit Cervical and Lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 11/14/2013)-Interferential current stimulation (ICS); and Anthem Blue Cross Medical Policy.

Decision rationale: The Physician Reviewer's decision rationale: Interferential unit for the cervical and lumbar spine is not indicated, as the request did not meet CA-MTUS or ODG Guideline criteria. The patient's treatment to date includes a TENS unit for which no information about his response or usage is provided. CA MTUS and ODG does not recommend Interferential current stimulation as an isolated intervention. There is no discussion of a home exercise program. Therefore the request for an Interferential Unit Cervical and Lumbar spine is not medically necessary.

CT scan of pelvis and Abdomen: 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), Hernia Chapter and Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Hernia (updated 07/08/13)-Imaging; McKesson Interqual and Anthem Blue Cross.

Decision rationale: The Physician Reviewer's decision rationale: CT Scan of pelvis and abdomen is not substantiated, as McKesson InterQual and ODG does not recommend CT scan to rule out hernias except in unusual situations such as evaluation of signs and symptoms of abdominal or pelvic pain not explained by clinical features, examination and preliminary imaging studies Physical exam did not reveal findings to confirm this diagnosis. 9/19/13 physical exam does not demonstrate any protrusions or incisional hernia, and no masses or bulges palpated in the right inguinal area. There is inadequate clinical suspicion of incisional hernia, recurrent abdominal hernia or inguinal hernia.

Flexion and extension films of Lumbar spine: Upheld

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 Official Disability Guidelines (ODG) -TWC-Low Back - Lumbar & Thoracic (Acute & Chronic)-Flexion/Extension X-ray.

Decision rationale: The Physician Reviewer's decision rationale: Flexion and extension x-rays of the lumbar spine were taken already by the patient's orthopedic surgeon on 1/31/13, who recommended surgical intervention. It is not clear why repeat imaging is requested, as there is no indication of any substantial changes since the date of the prior x-rays. Therefore the request for flexion/extension X-ray if not medically necessary.

EMG/NCV Bilateral Upper and Lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: The Physician Reviewer's decision rationale: With respect to EMG/NCV bilateral upper extremities, these studies are also indicated to rule out radiculopathy, as the request satisfies CA MTUS Guidelines. Since the 2007 date of injury, the patient underwent previous electrodiagnostic studies of the bilateral upper extremities with conflicting results. In 2011 there was no cervical radiculopathy found. However, the previous studies dated 6/24/10 found mild chronic C6 radiculopathy bilaterally. Furthermore, the most recent MRI of the cervical spine dated 4/8/13 showed multilevel central canal and bilateral neural foraminal narrowing. The patient complains of persistent neck pain with radicular pain and paresthesias to both hands, but no neurological focal deficits were found on physical exam. Given the conflicting results of previous electrodiagnostic studies, and in light of the inconsistency between the most recent neurological exam and the most recent MRI, recommendation is to certify EMG/NCV of the bilateral upper extremities. The remaining requests did not meet guideline criteria. Since the 2007 date of injury, the patient underwent 3 electrodiagnostic studies of the bilateral lower extremities. The most recent study dated 11/17/11 was abnormal, revealing bilateral lumbosacral radiculopathy. The results of repeat EMG/NCV studies are unlikely to change the surgical plan of lumbar fusion. ODG states that EMGs are not necessary if radiculopathy is already established. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy.

Tramadol ER 150mg daily for severe pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75,80,85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 1/7/2014) Tramadol (Ultram[®]).

Decision rationale: The Physician Reviewer's decision rationale: With respect to prescription of Tramadol ER 150mg #120, the guidelines does not recommend this medication as well as other opioids as a first-line therapy for neuropathic pain. However as stated previously, the patient

remains symptomatic and is awaiting surgical intervention while additional diagnostics are being performed. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). ODG recommends the lowest possible dose should be prescribed to improve pain and function. CA MTUS Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner. In the absence of information clarifying concurrent prescriptions of different opioids, the recommendation was to certify a one-month's supply only of Tramadol ER 150mg p.o. qd for breakthrough pain by the previous UR physician. Therefore the request for Tramadol ER 150mg #120 is not medically necessary.

Omeprazole 20mg BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, use GI symptoms and Cardio-Vascular Risk..

Decision rationale: The Physician Reviewer's decision rationale: Omeperazole is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastro-intestinal bleeding. There is no mention of any GI complaints or disorders, such as GERD. It is unclear if the patient is still taking Prilosec, as listed in the 818113 treatment plan (per orthopedic surgeon). CA MTUS recommends the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time.

Cyclobenzaprine 7.5mg BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41,42,60,62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Low Back - Lumbar & Thoracic (Acute & Chronic)(updated 12/27/13)-Muscle Relaxants- Cyclobenzaprine Hydrochloride.

Decision rationale: The Physician Reviewer's decision rationale: With respect to Cyclobenzaprine therapy (Muscle Relaxant), guidelines do not recommend chronic treatment with muscle relaxants. Given the 2007 date of injury, the duration of use is unclear how long this patient has been on muscle relaxants. Therefore the request for Cyclobenzaprine 7.5mg BID is not medically necessary.

Flurbiprofen 10% Capsaicin 0.025% Menthol 2% Camphor 1% Cream 120gm twice every morning as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112,113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Low Back (Lumbar and Thoracic)(Updated 12/27/2013)-Topical Analgesics.

Decision rationale: The Physician Reviewer's decision rationale: Flurbiprofen 10%/Capsaicin 0.025% 1Menthol 2% 1Camphor 1% cream 120gm to be applied topically twice every morning as needed for pain), to be applied topically twice every evening as needed for pain, the requests do not satisfy CA MTUS Guidelines. It has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compound topical formulations. Also the guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen 10%/Capsaicin 0.025% 1Menthol 2% 1Camphor 1% cream 120gm to be applied topically twice every morning as needed for pain) request does not satisfy CA MTUS Guidelines.

Ketoprofen 10% Cyclobenzaprine 3% Lidocaine 5% cream 120gm twice every evening as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Low Back (Lumbar and Thoracic)(Updated 12/27/2013)-Topical Analgesics.

Decision rationale: The Physician Reviewer's decision rationale: Ketoprofen 10% Cyclobenzaprine 3% Lidocaine 5% cream 120gm twice every evening as needed to be applied topically twice every morning as needed for pain), to be applied topically twice every evening as needed for pain, the requests do not satisfy CA MTUS Guidelines. It has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compound topical formulations. Also the guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the Ketoprofen 10%/Cyclobenzaprine 3%/lidocaine 5% cream, 120gm to be applied topically twice every evening as needed for pain, request does not satisfy CA MTUS Guidelines.