

Case Number:	CM13-0051785		
Date Assigned:	12/27/2013	Date of Injury:	04/24/2011
Decision Date:	05/02/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 23-year-old with a reported date of injury on April 24, 2011; the mechanism of injury was a slip and fall. The clinical note dated November 14, 2013 noted the injured workers subjective complaints remained the same as the previous visit, which included pain to the right hip. The patient reported pain to the right buttocks with radiation posteriorly down the right leg, but not past the knee. The patient had tenderness upon palpitation over the right sacroiliac joint, a positive Yeoman's test, and a positive Gaenslen's test on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy for the lumbar spine twice a week for four weeks with functional restoration exercises: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that they recommend physical medicine and to allow for a fading of treatment frequency from three times a week to one week or less with the injured worker doing active self-directed home physical medicine. The

clinical information submitted for review lacked an assessment included in the documentation of the patient's condition prior to therapy as well as an assessment after the last session in order to demonstrate objective functional gains with physical therapy as well as remaining deficits. There were no clear deficits in the documentation provided for review. The request for additional physical therapy for the lumbar spine with functional restoration exercises, twice a week for four weeks, is not medically necessary or appropriate.

Medical consultation for Pharmacologist management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical information submitted for review did not include a current medication list to support the necessity of the requested consultation. The request for a medical consultation for pharmacologist management is not medically necessary or appropriate.

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines says that opioids for neuropathic pain not recommended as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs. There was no documentation of pain relief, functional status, appropriate medication use, and side effects or pain assessment included in the current documentation for review. The documentation provided did not give a start date of the medication so that a determination of the use could be decided, the efficacy of the medication, how long after the medication that it helped the pain. There were no pain levels given in the documentation for review. The request did not include how much or how often the medication is to be given. The request for Tramadol 50mg is not medically necessary or appropriate.

Naxprofen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period of time for injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain; and in particular, for those with gastrointestinal, cardiovascular or Reno vascular risk factors. There is no evidence to recommend 1 drug in this class over another based on efficacy. The documentation provided for review did not provide a start date of the medication or pain levels. There was a lack of decreased pain reported per patient as a result of the medication and no objective findings of functional improvement with the use of medication was noted and there was no documentation to show that the injured worker had the proper laboratory monitoring been performed as recommended. Also, the request as submitted failed to indicate a frequency or quantity to determine necessity. The request for Naxproxen 550mg is not medically necessary or appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

Decision rationale: The request for an MRI of the lumbar spine is non-certified. The Low Back Complaints Chapter of the ACOEM Practice Guidelines recommends that unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. The documentation provided did not note that the injured worker was requesting surgery. Within the provided documentation, there was a lack documentation of objective findings of nerve compromise on the physical exam as there was no documentation of a neurological exam. The request for an MRI of the lumbar spine is not medically necessary or appropriate.

NCV/EMG LE: Upheld

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

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

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines states electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurological dysfunctions in injured workers with low back symptoms lasting more than three to

four weeks. Within the provided documentation, there was a lack of evidence of subjective/objective documentation provided for review. No neurological deficit noted upon physical exam. There was no documentation of conservative care that was failed or effective that was provided for review. The Official Disability Guidelines say that NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The documentation provided give a diagnosis of lumbar radiculitis for the injured worker and ACOEM says that imaging studies can be recommended to clarify the diagnosis may be warranted if the medical history and physical examination suggest specific disorders. The request as submitted just indicated LE- left extremity or lower extremity so clarification is needed for the request. The request for an EMG/NCV of the lower extremities is not medically necessary or appropriate.

Lumbosacral spine X-ray: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303-305.

Decision rationale: The request for Lumbosacral spine X-ray is non-certified. The Low Back Complaints Chapter of the ACOEM Practice Guidelines state that lumbar spine x-rays are not be recommended in injured workers with low back pain in the absence of red flags for serious spinal pathology, even if the pain has been persistent for at least 6 weeks. However, it may be appropriate when the physician believes that it would aid in the management of an injured worker. The documentation provided for review did not address any red flags for serious spinal pathology and did not have any subjective concerns that it would aid in the management of the injured worker. The request for a lumbosacral spine X-ray is not medically necessary or appropriate.