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| <b>Case Number:</b>   | CM13-0072390 |                              |            |
| <b>Date Assigned:</b> | 01/08/2014   | <b>Date of Injury:</b>       | 02/11/2009 |
| <b>Decision Date:</b> | 04/22/2014   | <b>UR Denial Date:</b>       | 12/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/31/2013 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

Per treating physician's report 11/04/2013, diagnosis is thoracic or lumbosacral neuritis or radiculitis. The patient was experiencing low back pain with radiation down the left leg at an intensity of 6/10 to 7/10. The pain goes away with pain medication, but returns after a couple of hours. The patient had acupuncture in the past for 2 months with some relief in pain, had physical therapy in the past but had to stop the therapy secondary to being unable to tolerate the pain during therapy. Chiropractic treatments were tried in the past, but also with some help. Plan included acupuncture 8 sessions near home in Vacaville, pain psychologist, awaiting approval for bilateral lower extremity EMG, and continued medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE SESSIONS QTY: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** This patient presents with chronic and persistent low back pain with radiation into the left lower extremity. The treating physician has asked for acupuncture 8 sessions. He states that acupuncture sessions were provided in the past for 2 months with some

relief in pain. MTUS Guidelines supports acupuncture with initial trial of 3 to 6 sessions. Additional treatments up to 1 to 3 sessions for 1 to 2 months are supported if a patient improves with pain and function. In this case, the request for 8 additional sessions with the patient having had some prior acupuncture treatments. There was no acupuncture treatment history reports provided. The treating physician does not document functional improvement, including medication reduction, significant change in activities of daily living. Without these documentations, additional acupuncture treatments are not recommended. Recommendation is for denial.

**NCV OF THE RIGHT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding NCV studies

**Decision rationale:** This patient presents with chronic persistent low back pain with radiation down the left lower extremity. The treating physician has asked for electrodiagnostic studies including nerve conduction studies of the right lower extremity. ACOEM Guidelines page 303 supports use of EMG including H-reflex test for evaluation of back pain. However, NCV studies are not recommended per ODG Guidelines, and it states, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." The patient is presumed to have radiating symptoms down the left lower extremity on the basis of radiculopathy. There is no reason to perform nerve conduction studies of the lower extremity. Recommendation is for denial.

**NCV OF THE LEFT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding NCV studies

**Decision rationale:** This patient presents with chronic persistent low back pain with radiation down the left lower extremity. The treating physician has asked for electrodiagnostic studies including nerve conduction studies of the right lower extremity. ACOEM Guidelines page 303 supports use of EMG including H-reflex test for evaluation of back pain. However, NCV studies are not Final Determination Letter for IMR Case Number [REDACTED] recommended per ODG Guidelines, and it states, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." The patient is presumed to have radiating symptoms down the left lower extremity on the basis of

radiculopathy. There is no reason to perform nerve conduction studies of the lower extremity. Recommendation is for denial.

**REFERRAL TO PAIN PSYCHOLOGIST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

**Decision rationale:** This patient presents with persistent low back pain with radiation down the left lower extremity. The treating physician has asked for pain psychology consultation. MTUS Guidelines supports cognitive behavioral treatments for chronic pain. It supports involvement of the psychologist to help manage chronic pain. It states, however, psychological treatments are "recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders." In this patient, none of the reports reviewed from 08/28/2013 to 11/27/2013 discuss patient's need for any psychological or cognitive intervention. The reports only talk about the patient's pain, but do not address the patient's psychological and social needs or deficits. Without documenting specific need for involvement of psychological treatment and some discussion regarding what is to be accomplished, this request cannot be recommended for authorization. Recommendation is for denial.

**SENOKOT 8.6 MG, QTY: 100.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CONSTIPATION.

**Decision rationale:** This patient presents with chronic low back and lower extremity pain. There is a prescription and request for Senokot. However, none of the reports discuss this patient's constipation. None of the reports list opiates as one of the medications. MTUS Guidelines supports use of medications on a prophylactic basis for patients who are on opiates. However, in this patient, current medications listed per 11/27/2013 are gabapentin, naproxen, and pantoprazole. None of these medications are known to be associated with constipation problem. Review of various reports from 08/28/2013 to 11/27/2013 by [REDACTED] do not document need for constipation Final Determination Letter for IMR Case Number [REDACTED] medications. MTUS Guidelines page 8 requires that physicians provide monitoring for appropriate treatment. In this case, constipation is not documented. Recommendation is for denial.