

Case Number:	CM14-0002985		
Date Assigned:	01/29/2014	Date of Injury:	09/23/2013
Decision Date:	06/25/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 patient is a 49-year-old who has submitted a claim for Lumbosacral Musculoligamentous Strain/Sprain with Radiculitis, Rule Out Lumbosacral Spine Disc Disease, and Left Shoulder Strain/Sprain associated with an industrial injury date of September 23, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in the lumbar spine, rated 4/10, radiating to both legs with slight tingling. His lumbar spine had not changed with regard to pain, strength, tenderness, range of motion, posture, flexibility, endurance, function, and activities of daily living. The patient also complained of left shoulder pain, rated 6-7/10, with slight tingling, numbness, weakness, and stiffness. On physical examination, there was tenderness of the paraspinal muscles, sacroiliac joints, and gluteals. Lumbosacral spine range of motion was restricted in all planes. Shoulder examination revealed tenderness of the left trapezius, biceps, deltoid, and rotator cuff muscles. Left shoulder range of motion was restricted in all planes. There was weakness of the left upper extremity. Lumbar x-ray dated September 24, 2013 revealed L5-S1 disc narrowing with traction spur. Treatment to date has included 11 physical therapy sessions, home exercise program, and medications including Naproxen and Menthoderm gel. Utilization review from December 30, 2013 denied the request for 12 physical therapy sessions because there was no documented evidence of functional improvement with prior physical therapy; 1 EMG/NCS of the bilateral lower extremities because there was no evidence of neurologic dysfunction; 1 urine drug screen because there was no evidence of risk for aberrant drug behavior; and 1 prescription of tramadol 50 mg #60 because the patient was already taking naproxen with noted improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 98-99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, for patients with radiculitis, guidelines allow eight to ten visits over a period of four weeks. In this case, the patient has completed eleven physical therapy sessions; thus, the recommended total number of visits has already been exceeded. Moreover, the patient's lumbar spine had not changed with regard to pain, strength, tenderness, range of motion, posture, flexibility, endurance, function, and activities of daily living. Functional benefit was not established with physical therapy. The request for twelve physical therapy sessions is not medically necessary or appropriate.

EMG OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 12 (LOW BACK COMPLAINTS), 303

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

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, electromyography (EMG) including H-reflex tests, are indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, the patient complained of on-going pain in the lumbar spine with radicular symptoms. The request for an EMG of the bilateral lower extremities is medically necessary and appropriate.

NCS OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 12 (LOW BACK COMPLAINTS), 303

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Studies

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended and there is minimal justification for performing such when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, there is no clear rationale for NCS in addition to not being recommended by guidelines. The request for an NCS of the bilateral lower extremities is not medically necessary or appropriate.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a urine analysis is recommended as an option before a therapeutic trial of opioids and to assess for the use or the presence of illegal drugs, abuse, addiction, or poor pain control in patients under on-going opioid treatment. Screening is recommended at baseline, randomly at least twice and up to 4 times a year and at termination. In this case, the medical records failed to provide evidence of on-going opioid management or plans for a therapeutic trial of opioids. There is no clear rationale for a urine drug screen at this time. The request for a urine drug screen is not medically necessary or appropriate.

TRAMADOL 50MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, OPIOIDS, SPECIFIC DRUG LIST,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 93-94, 113.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Tramadol is indicated for moderate to severe pain. In this case, the medical records failed to provide evidence of unresponsiveness to recommended first-line medications. There was also no indication that the patient was in moderate to severe pain. There is no clear rationale for tramadol

at this time. The request for Tramadol 50mg, sixty count, is not medically necessary or appropriate.