

Case Number:	CM14-0007582		
Date Assigned:	02/10/2014	Date of Injury:	01/28/2012
Decision Date:	06/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 injured worker is a 26 year old female injured on 01/28/12 while shoveling shaved ice weighing approximately three to four pounds and slipped in water sustaining a low back injury. Current diagnoses included L5-S1 disc protrusion contacting bilateral nerve roots and chronic low back pain with radicular pain. Clinical documentation dated 12/23/13 indicated the injured worker presented complaining of constant neck pain and low back pain radiating to the left posterior lateral thigh and leg with burning and pain. The injured worker reported undergoing eight to ten chiropractic treatments which helped with pain relief. Additionally, the injured worker underwent six sessions of physical therapy and medication management. Current medications included Motrin 800mg TID and Ultram 50mg QHS PRN. The injured worker also reported multiple trips to the emergency department to obtain controlled substances for pain management. Physical examination revealed decreased lumbar range of motion, questionable straight leg raise positive on the left, manual muscle strength 5/5 in bilateral lower extremities, sensation intact to bilateral lower extremities, muscle stretch reflex was 2+ and symmetric in bilateral lower limbs, Patrick test positive on left sacroiliac joint negative at right, there was tenderness at lumbar paraspinal muscles in left sacroiliac joint without muscle spasm on palpation. The initial request for Ultram 50mg every evening before sleep as needed, EMG/NCS of the lower extremities, and 12 chiropractic sessions for the low back was initially non-certified on 01/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRAM 50 MG EVERY EVENING BEFORE SLEEP AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Ultram 50 mg every evening before sleep as needed cannot be established at this time.

NERVE CONDUCTION STUDIES OF THE LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 - Lumbar & Thoracic (Acute & Chronic), Nerve Conduction Studies (NCS).

Decision rationale: As noted in the Low Back chapter of the Official Disability Guidelines, Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a injured worker is presumed to have symptoms on the basis of radiculopathy. Recent studies demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The documentation fails to provided objective data substantiating the presence of radiculopathy. As such, the request for nerve conduction studies of the lower extremities cannot be recommended as medically necessary.

ELECTROMYOGRAPHY OF THE 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 Chronic Pain Treatment Guidelines Low Back Complaints, Electromyography..

Decision rationale: As noted in the California guidelines, Needle EMG and H-reflex tests to clarify nerve root dysfunction are recommended for the treatment of acute and sub-acute low

back disorders. EMG for clinically obvious radiculopathy in acute, sub-acute, and chronic radicular pain syndromes (including sciatica) is not recommended. The documentation fails to provide objective data substantiating the presence of radiculopathy. There is no loss of sensation, decreased strength, loss of reflexes, or other indication to question the presence of radiculopathy. As such, the request for electromyography of the lower extremities cannot be recommended as medically necessary.

TWELVE CHIROPRACTIC SESSIONS FOR THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 59.

Decision rationale: Current guidelines indicate chiropractic frequency of 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks with a maximum duration of 8 weeks. At week 8, patients should be reevaluated. Current guidelines indicate chiropractic frequency of 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks with a maximum duration of 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the injured worker has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. The documentation indicates the injured worker has previously participated in 8-10 chiropractic treatment sessions; however, there was no documentation submitted to establish functional improvement following treatment. As such, the request for twelve chiropractic sessions for the low back recommended as medically necessary.