

Case Number:	CM14-0009004		
Date Assigned:	02/12/2014	Date of Injury:	07/06/2013
Decision Date:	07/10/2014	UR Denial Date:	12/24/2013
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 Management, and is licensed to practice in 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 50-year-old who reported an injury on July 6, 2013; the mechanism of injury was listed as a slip and fall. Within the clinical note dated January 16, 2014 it was noted that the injured worker complained of neck pain that radiated into the head with headaches and low back pain that radiates through his buttocks into the lower extremities. The injured worker further stated that the pain was rated 7/10 while utilizing medication and increases to a 10/10 when he does not use his medication. The medication list included Etodolac 300 mg twice a day, Norco 5/325 mg once every 6 hours as needed, and nortriptyline 10 mg once a day. The physical exam revealed a decreased range of motion in the cervical spine with intact sensation to light touch and to pinprick bilaterally in the upper extremities with motor strength power within normal limits. The deep tendon reflexes in the upper extremities were rated 2+ with equal grip strength in both hands. Physical exam further revealed that the lumbar spine had a limited range of motion with a sensation to light touch and pinprick intact bilaterally with a negative straight leg raise test on both sides. On January 16, 2014, electrodiagnostic studies with an EMG (electromyogram) and NCV (nerve conduction velocity) test were performed and were noted to reveal mild right hand carpal tunnel syndrome and a normal EMG of the lower extremities. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL 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 ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic).

Decision rationale: The California MTUS/ACOEM Guidelines state that electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than three or four weeks. Given the California MTUS/ACOEM Guidelines have limited recommendations for the criteria to use electromyography, secondary guidelines were sought. The Official Disability Guidelines recommend electromyography as an option to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Within the submitted medical records, the injured worker had reported symptoms of radiculitis; however, an EMG study was already performed previous to the request. The findings of the EMG were noted to reveal normal findings without any signs of radiculopathy. Given the request is redundant in the care of the injured worker and the previous study had shown normal findings, it would be medically unnecessary to have the request supported by the guidelines at this time without a significant change in pathology. The request for an EMG of the bilateral lower extremities is not medically necessary or 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 Official Disability Guidelines, Low Back (Acute & Chronic) Chapter.

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, Nerve conduction studies (NCS).

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction studies due to the fact there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the submitted documentation, the physician was unsure of the diagnosis and had already completed an EMG/NCV study previous to the request. The findings were consistent with normal findings of carpal tunnel syndrome in the right hand; however, the rest of the EMG/NCV study showed normal findings to rule out any signs of radiculopathy or other peripheral nerve involvement. Without further documentation of extenuating circumstances or proof of an invalid previous test, the request cannot be supported by the guidelines at this time. The request for an NCS of the bilateral lower extremities is not medically necessary or appropriate.

PAIN MANAGEMENT CONSULT FOR LESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

Decision rationale: The Official Disability Guidelines recommend office visits as determined to be medically necessary and plays a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. Within the request, the primary reason for the consultation is to perform a lumbar epidural steroid injection which is indicated for utilization in conjunction with a diagnosis of radiculopathy. However, within the documentation it was shown that the injured worker upon physical exam did not show clinical signs of radiculopathy and was corroborated with an electrodiagnostic study which also had shown regular findings. Without the documentation to support a diagnosis of radiculopathy and the utilization of a lumbar epidural steroid injection, the medical necessity for the use of a pain consultation for the sole purpose of a lumbar epidural steroid injection is not supported by the guidelines at this time. The request for pain management consult for LESI is not medically necessary or appropriate.

TABRADOL 250MG #1: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: This specific form of cyclobenzaprine, known as Tabradol contains cyclobenzaprine within a 250 ml bottle, is utilized within an oral suspension. The Chronic Pain Medical Treatment Guidelines recommend cyclobenzaprine for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. There was no documentation to show that the injured worker was unable to take the medication within a pill form and further documentation had shown that the injured worker had taken this medication for a prolonged period of time. Without documentation of why the injured worker cannot take the pill form of the medication and documentation to show extenuating circumstances to recommend the medication beyond the guidelines, the request at this time cannot be supported by the guidelines. The request for Tabradol 250 ml, quantity of one, is not medically necessary or appropriate.

18 ACUPUNCTURE SESSIONS FOR THE LUMBAR SPINE AND LT FOOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated, and is used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement as recommended by the guidelines for acupuncture is three to six treatments with a frequency of one to three times per week with an optimum duration of no more than one to two months. Within the request it was listed that eighteen sessions were sought and as per the guidelines it only allows for three to six treatments to show functional improvement and with the request of eighteen sessions it does not allow for an appropriate amount of time to reassess the patient and to ascertain functional improvement. Furthermore, the guidelines recommend acupuncture as an intervention to allow pain relief for the injured worker to continue physical modalities and it was noted that the injured worker previously had done physical therapy and had failed at it and there was no further indication that the injured worker would be utilizing any further physical modalities to improve the function. Without documentation to show extenuating circumstances why the injured worker needs the full eighteen sessions before reassessing for functional improvement as recommended by the guidelines, further documentation that the injured worker would be participating in other physical modalities of therapy, and documentation of objective functional gains as a result of previous physical therapy, the request at this time cannot be supported by the guidelines. The request for eighteen acupuncture sessions for the lumbar spine and left foot is not medically necessary or appropriate.

URINALYSIS DRUG SCREEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care, Managing Chronic Non-Terminal Pain Including Prescribing Controlled Substances, page 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs including the aberrant behavior and opioid monitoring to rule out non-compliant behavior. The submitted clinical notes lack the documentation to show the injured worker has been prescribed opioids recent enough to be present upon urine drug screening. Within the provided documentation it was unclear when the injured workers last urine drug screen was performed; therefore, it cannot be determined if the urine drug screen was congruent with the guideline recommendations. Without the documentation of the last urine drug screen and a more current medication list the request is not certified by the guidelines at this time. The request for urinalysis drug screen is not medically necessary or appropriate.