

Case Number:	CM14-0013090		
Date Assigned:	02/24/2014	Date of Injury:	08/27/2013
Decision Date:	07/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/01/2014

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:

Patient is a 44-year-old male who has submitted a claim for back strain/sprain, lumbar radiculopathy, hypertension, gout, and history of kidney stones associated with an industrial injury date of August 27, 2013. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain, graded 6 to 7/10 in severity, radiating to bilateral lower extremities, left worse than right. Pain was described as burning, stabbing, aching, dull, sharp, associated with muscle spasm, stiffness, and tingling sensation. This resulted to difficulty bending, lifting, pushing, pulling, climbing stairs, prolonged walking, and running. Patient likewise experienced symptoms of depression, stress, anxiety, insomnia, frustration, and personal relationship difficulties. Patient's height is 5'11", weight of 202 pounds, with a derived body mass index of 28.3 kg/m². Vital signs showed a blood pressure of 154/80 mmHg, and pulse rate of 98 beats/min. Physical examination of the lumbar spine revealed tenderness and restricted range of motion. Sciatic nerve stretch test at the left was positive, gait was antalgic and sensation was intact. Treatment to date has included lumbar epidural steroid injection, and medications such as Tramadol, Flexeril, Lisinopril, Valtrex, Allopurinol, Colchicine, Dexamethasone, Ranitidine (Zantac), Esomeprazole, Omeprazole, and Valacyclovir. Utilization review from January 23, 2014 denied the requests for X-Ray of the lumbar spine because the patient will undergo MRI of the lumbar spine; X-Ray of sacroiliac joint because the patient did not appear to have symptoms or findings suggestive of sacroiliac joint disease; EMG (Electromyography) and NCV (Nerve Conduction Velocity) of the left lower extremity because of pending results of lumbar MRI; physical therapy to the lumbar spine for 12 visits and acupuncture for 12 visits because treatment plan would depend on the result of MRI of the lumbar spine. The requests for basic metabolic panel, hepatic functions, CPK (Creatine

Phosphokinase), CRP (C-Reactive Protein), arthritis panel, and CBC (Complete Blood Count) were likewise denied because of lack of indication based on the history presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY OF THE LUMBAR SPINE: 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 CA MTUS ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, patient complained of low back pain radiating to bilateral lower extremities, left worse than right. Pain was described as burning, stabbing, aching, dull, sharp, associated with muscle spasm, stiffness, and tingling sensation. Physical examination of the lumbar spine revealed tenderness and restricted range of motion. Sciatic nerve stretch test at the left was positive. However, MRI of the lumbar spine was certified by previous utilization review dated January 23, 2014. There was no discussion concerning lumbar pathology that needs to be ruled out utilizing X-rays in this case. It is unclear why there is a simultaneous request for both MRI and X-rays. The medical necessity was not established. Therefore, the X-rays of the Lumbar Spine is not medically necessary.

X-RAY OF THE SI (SACROILIAC) JOINT: Upheld

Claims Administrator 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), 17th Edition, 2012, Low Back Chapter, Indications for imaging - Plain X-rays.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation (ODG) Hip and Pelvis Section, X-ray.

Decision rationale: The CA MTUS, ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. On the other hand, X-rays of the pelvis should routinely be obtained in patients sustaining a severe injury, or hip osteoarthritis. There are limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. In this case, patient complained of low back

pain radiating to bilateral lower extremities, left worse than right. Pain was described as burning, stabbing, aching, dull, sharp, associated with muscle spasm, stiffness, and tingling sensation. There was no discussion concerning subjective complaints or objective findings pertaining to sacroiliac joint. The medical necessity was not established due to insufficient information. Therefore, the request for X-ray of the sacroiliac joint is not medically necessary.

EMG LEFT LOWER EXTREMITY: 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.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of low back pain radiating to bilateral lower extremities, left worse than right. Pain was described as burning, stabbing, aching, dull, sharp, and tingling sensation. Physical examination showed positive sciatic nerve stretch test with intact sensory exam. However, there was no comprehensive examination available indicating motor strength, deep tendon reflexes, and other provocative tests. The medical necessity was not established due to insufficient information. Therefore, the request for electromyography (EMG) of the left lower extremity is not medically necessary.

NCV LEFT LOWER EXTREMITY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back chapter, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, patient complained of low back pain radiating to bilateral lower extremities, left worse than right. Pain was described as burning, stabbing, aching, dull, sharp, and tingling sensation. Physical examination showed positive sciatic nerve stretch test with intact sensory exam. However, there was no comprehensive examination available indicating motor strength, deep tendon reflexes, and other provocative tests. The medical necessity was not established due

to insufficient information. Therefore, the request for Nerve Conduction Velocity (NCV) study of the left lower extremity is not medically necessary.

PHYSICAL THERAPY TO THE LUMBAR SPINE QTY: 12.00: 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: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient complained of low back pain radiating to bilateral lower extremities. Physical examination showed tenderness, restricted range of motion, and positive sciatic stretch test. However, progress report from 1/3/2014 stated that patient underwent physical therapy previously. Total number of visits attended and functional outcomes were not documented. The medical necessity was not established due to insufficient information. Therefore, the request for Physical Therapy To The Lumbar Spine #12 is not medically necessary.

12 ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 to 6 treatments, frequency of 1 to 3 times per week, and duration of 1 to 2 months. In this case, patient complained of low back pain radiating to bilateral lower extremities. Physical examination showed tenderness, restricted range of motion, and positive sciatic stretch test. Acupuncture is a reasonable option at this time. However, the present request of 12 sessions exceeded guideline recommendation of an initial trial of 3 to 4 visits. Moreover, body part to be treated was not specified. Therefore, the request for twelve acupuncture sessions is not medically necessary.

LABS: BASIC METABOLIC PANEL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ada County, Idaho Public Health Assessment and Wellness: Basic Metabolic Panel (<http://ada.id.networkofcare.org/ph/library/article.aspx?hwid=tr6151>).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Idaho Public Health Assessment and Wellness was used instead. It states that comprehensive metabolic panel measures glucose level, electrolyte and fluid balance, and kidney function. In this case, patient has hypertension, gout, and a history of kidney stones. His maintenance medications include Lisinopril, Allopurinol, and Colchicine. The medical necessity for monitoring of metabolic panel has been established; however, the request failed to specify the laboratory tests to be included in the panel. The request is non-specific; therefore, the request for basic metabolic panel is not medically necessary.

LABS: HEPATIC FUNCTIONS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient has hypertension, gout, and a history of kidney stones. His maintenance medications include Lisinopril, Allopurinol, and Colchicine. The medical necessity for monitoring of liver function has been established; however, the request failed to specify the laboratory tests to be included in the panel. The request is non-specific; therefore, the request for hepatic functions is not medically necessary.

LABS: CPK (CREATINE PHOSPHOKINASE): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice

Guidelines, Chapter 4-Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition, 2004, page 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>.

Decision rationale: The CA MTUS Guidelines do not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. In this case, patient has hypertension, gout, and a history of kidney stones. His maintenance medications include Lisinopril, Allopurinol, and Colchicine. The medical necessity for monitoring of possible adverse effects of chronic medication intake has been established. Therefore, the request for CPK (Creatine Phosphokinase) is medically necessary.

LABS: CRP (C-REACTIVE PROTEIN): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines, Chapter 4-Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition, 2004, page 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Aetna Clinical Policy Bulletin: Cardiovascular Disease Risk Tests, High-sensitivity C-reactive protein (hs-CRP) and Medical University of South Carolina, Arthritis Panel (<http://www.muschealth.com/lab/content.aspx?id=150092>).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Aetna was used instead. Aetna considers high-sensitivity C-reactive protein (hs-CRP) testing medically necessary for members at risk for cardiovascular disease who meet the set criteria. Other than this, Aetna considers hs-CRP testing experimental and investigational, including use as a screening test for the general population and for monitoring response to therapy, because its clinical value for these uses has not been established. In this case, patient has hypertension, gout, and a history of kidney stones. His maintenance medications include Lisinopril, Allopurinol, and Colchicine. The medical necessity for monitoring of possible adverse effects of chronic medication intake has been established. Therefore, the request for C-reactive protein (CRP) is medically necessary.

LABS: ARTHRITIS PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Occupational Medicine Practice Guidelines, Chapter 4-Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition, 2004, page 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medical University of South Carolina, Arthritis Panel (<http://www.muschealth.com/lab/content.aspx?id=150092>).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Medical University of South Carolina, Arthritis Panel was used instead. It states that arthritis panel may be performed for screening or to assess the severity of rheumatoid arthritis. It may include ANA, anti-CCP, ESR, rheumatoid factor, serum CRP, and serum uric acid. In this case, patient has a known gout condition. However, present signs and symptoms pertain particularly to lumbar radiculopathy. There is no evidence that patient has acute exacerbation of gout. The medical necessity was not established. The present request likewise failed to specify laboratory tests to be included in the panel. Therefore, the request for arthritis panel is not medically necessary.

LABS: CBC (COMPLETE BLOOD COUNT): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings, Journal of General Internal Medicine 2005 Volume 20, 331-333 (<http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.40182.x/full>).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Journal of General Internal Medicine 2005 was used instead. It states that a large proportion of patients receiving selected chronic medications did not receive recommended laboratory monitoring in the outpatient setting. Although there may be varying opinions about which tests are needed and when, the data suggest that failure to monitor is widespread across drug categories and may not be easily explained by disagreements concerning monitoring regimens. Further research is needed to determine to what degree these lapses in laboratory monitoring are associated with adverse clinical outcomes, to identify relevant methods to improve monitoring, and to clarify monitoring needs. In this case, patient has hypertension, gout, and a history of kidney stones. His maintenance medications include Lisinopril, Allopurinol, and Colchicine. The medical necessity for monitoring of possible adverse effects of chronic medication intake has been established. Therefore, the request for complete blood count is medically necessary.

