

Case Number:	CM14-0114191		
Date Assigned:	08/04/2014	Date of Injury:	10/31/2013
Decision Date:	10/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/22/2014

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:

This 56 year old patient had a date of injury on 10/31/2013. The mechanism of injury was heavy lifting. In a progress noted dated 4/4/2014, subjective findings included 7/10 pain, and ROM since last visit has improved. The patient is not working, and strength is unchanged since last visit. There is left groin pain with radiation to the umbilical area. On a physical exam dated 4/4/2014, objective findings included neck palpation reveals tenderness. There is an abdominal hernia present, and the ROM of thoracic and lumbar spine reveals abnormal findings. There is tenderness over paraspinal area bilaterally to palpation. MRI dated 12/11/2013 of lumbar spine showed mild disc narrowing at L2-L3, L4-L5. There is mild bilateral neural foraminal narrowing. At L5-S1, there is 3mm broad-based posterior central disc protrusion with annular tearing. The diagnostic impression shows musculoskeletal disorders and symptoms referable to neck, cervical neuritis/radiculopathy, thoracic or lumbosacral neuritis/radiculitis, inguinal hernia without mention of obstruction of gangrene. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 6/25/2014 denied the request for 1) Norflex 100mg #180, stating long term use is not recommended. 2) Prilosec 20mg #180, stating BID use is not recommended. 3) General surgery consultation, stating that according to 12/3/2013 record, general surgery consultation has been done and recommendation has been made. 4) EMG of right lower extremity, 5) EMG of left lower extremity 6) NCS of right lower extremity 7) NCV of left lower extremity 8) EMG of right upper extremity 9) EMG of left upper extremity 10) NCS of right upper extremity 11) NCS of left upper extremity, stating there is not documentation of presence of "red flag" nor has there been documentation of failure of conservative management. 12) Small pain fiber (SPF) NCS cervical spine, 13) Small pain fiber (SPF) NCS thoracic spine, 14) for Small pain fiber (SPF) NCS lumbar spine, stating there does not appear to be support for this study beyond the investigational/experimental, and there has not been failure

of conservative management.15)Functional capacity evaluation baseline, 16)Functional Capacity evaluation post-treatment, stating guidelines do not support use of this testing modality above and beyond the results of physical examination.17) Retro: X-ray of the cervical spine DOS: 12/23/13, 18) Retro: X-ray of the thoracic spine DOS: 12/23/13, 19) Retro: X-ray of lumbar spine DOS: 12/23/13, stating there are no "red flags" reported, and there is no evidence of suspected fracture related to acute trauma. Furthermore, conservative treatment has not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In a progress report dated 4/4/2014, there was no documentation of an exacerbation of pain. Furthermore, it was unclear how long this patient has been on this medication, and guidelines do not support long term use. Therefore, the request for Norflex 100mg #180 is not medically necessary.

Prilosec 20mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the reports viewed, there was no discussion regarding the patient experiencing gastrointestinal events. Therefore, the request for Prilosec 20mg #180 was not medically necessary.

General surgery consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In the latest progress note dated 4/4/2014, there was no discussion regarding plans for future surgery. Furthermore, the date of the request was unclear. Therefore, the request for surgery consult was not medically necessary.

EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

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

Decision rationale: CA MTUS states that 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 addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In the latest progress report dated 4/4/2014, there was no discussion regarding failure of conservative treatment. Furthermore, there was no recent physical exam located in the reports viewed that demonstrate neurological deficits. Therefore, the request for EMG of the right lower extremity is not medically necessary.

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

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

Decision rationale: CA MTUS states that 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 addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In the latest progress report dated

4/4/2014, there was no discussion regarding failure of conservative treatment. Furthermore, there no was recent physical exam located in the reports viewed that demonstrate neurological deficits. Therefore, the request for EMG of the left lower extremity is not medically necessary.

NCS of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

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

Decision rationale: MTUS does not address this issue. ODG does not recommend nerve conduction studies, stating there is minimal justification for perming nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the latest progress report dated 4/4/2014, there was no discussion regarding failure of conservative treatment. Furthermore, there was no recent physical exam located in the reports viewed that demonstrate neurological deficits. Therefore, the request for NCS of the right lower extremity is not medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61.

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

Decision rationale: CA MTUS states that 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 addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCV are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In the latest progress report dated 4/4/2014, there was no discussion regarding failure of conservative treatment. Furthermore, there was no recent physical exam located in the reports viewed that demonstrate neurological deficits. Therefore, the request for NCV of the left lower extremity is not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 238.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the latest progress report dated 4/4/2014, there was no discussion regarding failure of conservative treatment. Furthermore, there was no recent physical exam located in the reports viewed that demonstrate neurological deficits. Therefore, the request for EMG of the right upper extremity is not medically necessary.

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 238.

Decision rationale: CA MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. In the latest progress report dated 4/4/2014, there was no discussion regarding failure of conservative treatment. Furthermore, there was no recent physical exam located in the reports viewed that demonstrate neurological deficits. Therefore, the request for EMG of the left upper extremity is not medically necessary.

NCS of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back

Decision rationale: MTUS does not address this issue. ODG does not recommend NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuroopathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In the latest progress report dated 4/4/2014, there was no discussion regarding failure of conservative treatment. Furthermore, there was no recent physical exam located in the reports viewed that demonstrate neurological deficits. Therefore, the request for NCS of the right upper extremity is not medically necessary.

NCS of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back

Decision rationale: MTUS does not address this issue. ODG does not recommend NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuroopathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In the latest progress report dated 4/4/2014, there was no discussion regarding failure of conservative treatment. Furthermore, there was no recent physical exam located in the reports viewed that demonstrate neurological deficits. Therefore, the request for NCS of the left upper extremity is not medically necessary.

Small pain fiber (SPF) NCS cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.meddevicedepot.com/PDF/axoniimanual.pdf>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back

Decision rationale: MTUS does not address this issue. ODG does not recommend NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuroopathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In the latest progress report dated 4/4/2014, there was no discussion regarding the medical necessity of NCS, or rationale provided as to how this request would affect future treatments. Therefore, the request for (SPF) NCS of cervical spine is not medically necessary.

Small pain fiber (SPF) NCS thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.meddevicedepot.com/PDF/axoniimanual.pdf>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back

Decision rationale: MTUS does not address this issue. ODG does not recommend NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuroopathies or non-neuropathic processes if other

diagnoses may be likely based on the clinical exam. In the latest progress report dated 4/4/2014, there was no discussion regarding the medical necessity of NCS, or rationale provided as to how this request would affect future treatments. Therefore, the request for (SPF) NCS of thoracic spine is not medically necessary.

Small pain fiber (SPF) NCS lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.meddevicedepot.com/PDF/axoniimanual.pdf>

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

Decision rationale: MTUS does not address this issue. ODG does not recommended NCS, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the latest progress report dated 4/4/2014, there was no discussion regarding the medical necessity of NCS, or rationale provided as to how this request would affect future treatments. Therefore, the request for (SPF) NCS of lumbar spine is not medically necessary.

Functional capacity evaluation baseline: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48-49, 181-185, 308-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 132-139.

Decision rationale: CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. In the reports viewed, there was no clear rationale provided regarding the medical necessity of a functional capacity evaluation. It does not appear that the patient is at MMI. Furthermore, there was no discussion regarding the objective functional goals intended with this request. Therefore, therefore, the request for functional capacity evaluation is not medically necessary.