

Case Number:	CM14-0130478		
Date Assigned:	10/10/2014	Date of Injury:	06/02/2014
Decision Date:	12/08/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/15/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 43 year old patient with date of injury of 6/2/2014. Medical records indicate the patient is undergoing treatment for chronic myofascial pain syndrome of the thoracolumbar spine, left ankle sprain, burning pain in bilateral lower extremities due to femoral neuropathy vs. lumbosacral plexopathy vs. lumbosacral radiculopathy. Subjective complaints include low back pain with burning pain to the lower extremities, aching, throbbing, shooting and stabbing intermittent pain exacerbated by bending, lifting or weight-bearing on left foot. Objective findings include cervical spine ROM (range of motion) flexion 50, extension 40, right/ left lateral flexion 35, right/left rotation 80; lumbar spine ROM flexion 60, extension 10 right/left lateral flexion 30, right rotation 40, left rotation 30; multiple myofascial trigger points and taut bands noted throughout the thoracic and lumbar paraspinal musculature as well as the gluteal muscles; SLR negative bilaterally; ROM to the left ankle is slightly decreased in all directions; palpable tenderness noted to dorsum of left foot; Waddell's sign is negative. Patient unable to perform heel-toe gait with the left foot due to pain. Sensation and muscle strength grossly intact. Treatment has consisted of Diclofenac, Klonopin, Norco, Xopenex, Symbicort, Claritin-D, Skelxin, Flexeril, Dexilant, Carafate. The utilization review determination was rendered on 08/14/2014 recommending non-certification of EMG/NCV of the left lower extremity, EMG/NCV of the right lower extremity, MRI of the left ankle, MRI of the left foot, and Celebrex 200mg #60 (twice per day); modification of Aquatic therapy (2 times per week for 6 weeks) to aquatic therapy x 6; and certification of Hydrocodone APAP 5/325 #90 (once every 8 hours) and Follow-up in four (4) weeks, and Periodic urine drug screening (UDS) (with restrictions).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back

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), EMG, NCV

Decision rationale: ACOEM recommends "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG further states that EMG is "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG does not recommend NCV testing by stating "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating physician refers to radiculopathy of both lower extremities and notes that the patient was unable to perform heel to toe gait due to left foot pain. However, the patient originally injured her back at work April 2012 and had MRIs of the lumbar spine in 2012 and 2014. The treating physician did not detail the results of the previous MRIs of the Lumbar spine or the results of previous physical exams. As such, the request for EMG/NCV of the left lower extremity is not medically necessary.

MRI of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ankle & Foot, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM guidelines state "Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain". The foot pain does appear to have been present for greater than one month. ODG further specifies indications for MRI of foot: Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular; Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable; Chronic foot

pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. The treating physician notes on 7/8/14 noted that the previous weight bearing x-rays of the left foot and ankle were negative. Previous MRI on 8/8/14 showed tendonitis of medial collateral ligament. The treating physician has not provided medical documentation of red flag diagnosis. As such, the request for MRI of the left ankle is not medically necessary at this time.

MRI of the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ankle & Foot, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM guidelines state "Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain". The foot pain does appear to have been present for greater than one month. ODG further specifies indications for MRI of foot: Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular; Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable; Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. The treating physician notes on 7/8/14 noted that the previous weight bearing x-rays of the left foot and ankle were negative. Previous MRI of left foot on 8/6/14 showed a small amount of fluid in tibiotalar and subtalar space; suggestive of possible small previous fracture of anterior inferior portion of the distal tibia. The treating physician has not provided medical documentation of red flag diagnosis. As such, the request for MRI of the left foot is not medically necessary at this time.

Celebrex 200mg #60 (twice per day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex, NSAIDs Page(s): 22, 30, 70. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Pain, NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: Anti-inflammatory medications are the traditional first line treatment for pain, but COX-2 inhibitors (Celebrex) should be considered if the patient has risk of GI complications, according to MTUS. The medical documentation provided does not indicate a reason for the patient to be considered high risk for GI complications. Risk factors for GI bleeding according to ODG include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose or multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not indicate that the patient is undergoing treatment for any of the FDA approved uses such as osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis in patients 2 years and older, ankylosing spondylitis, acute pain, and primary dysmenorrhea. In addition, the treating physician does not detail pain relief from Celebrex. As such, the request for Celebrex 200mg #60 (twice per day) is not medically necessary.

Aquatic therapy (2 times per week for 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Aquatic Therapy

Decision rationale: California MTUS guidelines state that "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP". The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report "severe degenerative joint disease". The treating physician did not detail the outcome of previous physical therapy and aquatic therapy treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. As such, the current request for Aquatic therapy (2 times per week for 6 weeks) is not medically necessary.

Periodic urine drug screening (UDS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96; 108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg. 32 Established Patients Using a Controlled Substance

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags "twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids - once during January-June and another July-December". The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this time and has provided no evidence of red flags. In addition, the treating physician did not detail previous urine drug screens. As such, the request for Periodic urine drug screening (UDS) is not medically necessary.