

Case Number:	CM14-0155344		
Date Assigned:	09/25/2014	Date of Injury:	02/07/2010
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/23/2014

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:

The patient is a 57-year-old male who has submitted a claim for lumbago associated with an industrial injury date of February 7, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of worsened back and right leg pain with radiating pain and paresthasias into right leg and foot after the patient fell of a step-ladder on July 2014. Pain was characterized as sharp, aching and electricity. A progress note dated 6/6/14 mentioned that the patient also had low back pain radiating into the right lower extremity at that time. It also stated that the patient clearly has radiculopathy in right L4-L5 distribution. Pain was rated 7-10 on August 11, 10 on July 24 and 4-10 on June 6, 2014. Physical examination showed decreased ROM in all planes of the back and diminished right patellar DTR with positive right SLR test. A CT scan done on July 19, 2014 showed no acute changes, no neural foraminal narrowing but with obvious post-surgical L-spine. Treatment to date has included Topamax, Opana, and Amrix all prescribed on July 24, 2014. Patient had also been on Flector patch for a longer time. Utilization review from September 2, 2014 denied the request for MRI of the Lumbar spine, MRI of the Right Hip, Nerve conduction velocity (NCV) Right Lower extremity, Amrix 15mg #50, Flector Patch refill and Caudal Epidural with Catheter Right L4, L5 under fluoroscopic guidance. The request for MRI of the lumbar spine was denied because the patient recently had a lumbar spine CT scan. The request for MRI of the hip was denied because there is no red flag finding on examination to support its necessity. The request for NCV was denied because its use for radiculopathy is not supported by the guidelines. The request for Amrix was modified to a shorter period because the guidelines recommend its use only for a short-term period. The request for a Flector patch was denied because the patient had increasing symptoms despite the use of the patch. The request for a caudal epidural was denied because there was no evidence of a radiculopathy and conservative treatment was found in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar spine: 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. According to the ODG, repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the patient experienced exacerbation of his pain after a recent traumatic experience. However, pain started going down a month later. Also, the physical exam was not very different from that prior to the recent trauma. A CT scan done on July 19, 2014 showed no acute changes, no neural foraminal narrowing but with obvious post-surgical L-spine. There is no significant change in signs and symptoms based on the available records. Furthermore, there are no documented failure in conservative management and a surgical plan to warrant MRI. Therefore, the request for MRI of the lumbar spine is not medically necessary.

MRI of the Right Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip Chapter, Procedure summary, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis chapter, MRI (magnetic resonance imaging).

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, and ODG was used instead. According to ODG, MRI of the hip/pelvis is indicated for osseous, articular, or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft tissue injuries; and tumors. MRI should be the first imaging technique employed following plain films. In this case, the patient complaints of back and right leg pain. However, there are no significant deficits referable to the right hip to support this request on the physical examination. Moreover, the records did not show that plain films of

the pelvis had already been done. Therefore, the request for MRI of the right hip is not medically necessary.

Nerve conduction velocity (NCV) Right Lower extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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, Nerve Conduction Studies 2014 X Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of back and right leg pain with paresthesias in the right leg and foot. Pain was characterized as sharp, aching and electricity. However, a progress note dated 6/6/14 mentioned that the patient clearly has radiculopathy in right L4-L5 distribution. Physical examination showed decreased ROM in all planes of the back and diminished right patellar DTR with positive right SLR test. The patient has obvious clinical signs of a radiculopathy which the provider acknowledges. Furthermore, an EMG was ordered and certified concurrently with this request. Therefore, the request for Nerve conduction velocity (NCV) Right Lower extremity is not medically necessary.

Amrix 15mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

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

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine (Amrix) is associated with a number needed to treat of 3 at 2 weeks for

symptom improvement. In this case, the patient had been prescribed Amrix for back pain. However, it had been prescribed since at July 24, 2014, a period that already exceeds 3 weeks. There was no provided rationale or justification why a deviation from the guidelines should be made. Furthermore, the requested 50 pills itself exceed the number needed for a three week-supply. Therefore, the request for Amrix 15mg #50 is not medically necessary.

Flector Patch refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Page 112 of CA MTUS Chronic Pain Medical Treatment Guidelines states that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity) and the most common adverse reactions were dermatitis and pruritus. In this case, the patient presented with low back and right leg pain and was prescribed Flector patches that contain Diclofenac. However, the pain has a neuropathic type of pain from a radiculopathy and not the somatic type of pain from osteoarthritis. The guidelines do not support its use from indications other than that mentioned. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore Flector patches are not recommended. Moreover, the request is incomplete because it does not state the number of patches desired. Therefore, the request for Flector patches is not medically necessary.

Caudal Epidural with Catheter Right L4, L5 under fluoroscopic guidance.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In this case, the patient was prescribed epidural injection for radiculopathy. The patient complained of back and right leg pain with paresthesias in the right leg and foot. Pain was characterized as sharp, aching and

electricity. Physical examination showed decreased ROM in all planes of the back and diminished right patellar DTR with positive right SLR test. All these support radiculopathy. However, a CT scan done on July 19, 2014 showed no acute changes, no neural foraminal narrowing but with obvious post-surgical L-spine. So far, imaging and electrodiagnostic studies have not yet supported a diagnosis of radiculopathy. The results of an EMG requested concurrent with this request should be considered prior to considering this treatment modality. Moreover, there is no evidence that prior conservative treatment had already failed, considering that the patient's pain is improving from 10 on July to 6 on August. Lastly, caudal injections are not recommended for chronic radiculopathies. Therefore, the request for Caudal Epidural with Catheter Right L4, L5 under fluoroscopic guidance is not medically necessary.