MAXIMUS Federal Services

Case Number:	CM14-0158335		
Date Assigned:	10/23/2014	Date of Injury:	11/01/1995
Decision Date:	11/25/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 injured worker is a 52-year-old male, who reported an injury on 11/01/1995. The mechanism of injury was not provided. His diagnoses include post laminectomy syndrome, peripheral neuropathy, drop foot, osteoarthritis of the hip, and radiculitis of the lumbar spine. Diagnostic studies included an MRI of the right hip on 08/13/2014, MRI of the lumbar spine on 08/11/2014, and x-rays of the lumbosacral area on 07/21/2014. On 10/01/2014, the injured worker was seen for orthopedic follow-up exam. The injured worker was experiencing constant mild pain. The pain was located in the neck, back, and right leg. He described the back and leg pain as 40% pain to the back and 60% pain to the leg with unchanged symptoms. The injured worker stated he was currently working and was not attending physical therapy. Upon examination, there was positive lumbar paraspinous tenderness bilaterally. The recommendation was for a referral to [redacted] for hip physical therapy 3 x6. The rationale for the requests was not provided. The Request for Authorization for physical therapy and referral to [redacted] was dated 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (unspecified): 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 Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Flexeril (unspecified) is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The guidelines do not allow for long term use of muscle relaxants. There is lack of documentation as to the dosage and quantity requested. As such, the request is not medically necessary.

Vicodin (unspecified): 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 Opioids Page(s): 75, 78.

Decision rationale: The request for Vicodin (unspecified) is not medically necessary. The CA MTUS Guidelines state that Vicodin is often used for intermittent or breakthrough pain. The guidelines also state that ongoing monitoring of the four domains including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially drug related behaviors should be documented. There is lack of documentation of ongoing monitoring. There is lack of documentation of the dosage and quantity within the request. As such, the request is not medically necessary.

Labs: Vitamin B12: Upheld

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

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: http://labtestsonline.org/understanding/analytes/vitamin-b12/

Decision rationale: The request for labs: vitamin B12 is not medically necessary. The California MTUS/ACOEM and ODG do not address labs for vitamin B12. Per Labtestsonline.org, labs are performed to help diagnose one cause of anemia or neuropathy; to evaluate nutritional status in some people; to monitor the effectiveness of treatment for vitamin B12 or folate deficiency. Labs should be performed when you have an abnormal CBC with a blood smear showing large red blood cells (macrocytosis) or abnormal (hypersegmented) neutrophils; when you have symptoms of anemia (weakness, tiredness, pale skin) and/or of neuropathy (tingling or itching sensations, eye twitching, memory loss, altered mental status); or when you are being treated for vitamin B12 or folate deficiency. There is lack of rationale for the test to be requested. As such, the request is not medically necessary.

Labs: Folic Acid Levels: Upheld

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

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: http://labtestsonline.org/understanding/analytes/vitamin-b12/

Decision rationale: The request for labs: folic acid levels are not medically necessary. The California MTUS/ACOEM and ODG do not address labs for folic acid. Per Labtestsonline.org, B12 and folate may be ordered to aid in diagnosis when an individual presents with an altered mental state or other behavioral changes, especially in the elderly. B12 may be ordered with folate, by itself, or with other screening laboratory tests (antinuclear antibody, CRP, rheumatoid factor, CBC and chemistry blood tests) to help establish reasons why a person shows symptoms of neuropathy. There is lack of documentation as to the rationale for the test. As such, the request is not medically necessary.

EMG/NCV Bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve conduction studies (NCS).

Decision rationale: The request for EMG/NCV bilateral lower extremities is not medically necessary. The CA MTUS/ACOEM guidelines recommend for the detection of physiologic abnormalities, if no improvement after 1 month, consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The Official Disability Guidelines do not recommend nerve conduction studies for low back conditions, as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The guidelines indicate that nerve conduction studies are not recommended, and have low sensitivity and specificity when combined with EMGs. NCVs are generally performed when there is evidence of peripheral neuropathy. There is a lack of evidence to suggest peripheral neuropathy to warrant a nerve conduction velocity. There is lack of documentation as to the rationale for the test. In addition, the guidelines do not recommend nerve conduction studies for low back conditions. As such, the request is not medically necessary.

Physical Therapy times 18: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy times 18 is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. The injury is almost 20 years old. The injured worker should be performing home exercise program. The rationale for the physical therapy was not provided within the documentation. There is lack of documentation including an adequate and complete physical exam demonstrating the injured worker had decreased functional ability, decreased range of motion and decreased strength or flexibility. In addition, the submitted request does not specify a site of treatment and the request for 18 sessions exceeds the guideline recommendations. As such, the request is not medically necessary.

Referral for hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The request for referral for hip is not medically necessary. The CA MTUS/ACOEM Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The injured worker's physical exam is within normal limits. There is lack of documentation as to a rationale for the need of a referral. As such, the request is not medically necessary.