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| Case Number: | CM14-0167800 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 03/11/2014 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/11/2014 |

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, has a subspecialty in Pain Management 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 62 years old female with an injury date of 03/11/2014. Based on the 09/19/2014 progress report provided by [REDACTED], the diagnoses are: 1. Spondylolisthesis, back, acquired 2. Lumbar degenerative disc disease 3. Left hip or thigh strain 4. Lumbosacral or thoracic; neuritis or radiculitis unspecified 5. Dizziness. According to this report, the patient came in for a "TENS unit trial #1 on low back- Patient states that TENS unit was delivered to her house, which she has used and found helpful with decreased pain, and relaxing muscles and increasing range of motion (ROM)." Patient's objective findings were not included in the report for review. The 09/06/2014 hand written report indicates patient's "pain 5/10-stiffness- frequent dizziness when standing up- weakness-decreased ROM." There were no other significant findings noted on this report. The utilization review denied the request on 09/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/11/2013 to 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications , Non-Steroidal Anti-inflammatory Drugs Page(s): 22, 60- 61, and 6.

Decision rationale: According to the 09/19/2014 report by [REDACTED] this patient presents with low back pain, left hip/thigh pain and dizziness. The provider is requesting Ibuprofen 800mg, unknown quantity. Per the MTUS Guidelines pages 60 and 61, states the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of the reports show no mention of Ibuprofen and it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, the reports do not mention whether or not this medication is helping to improve pain and function. Therefore, Ibuprofen 800mg, unknown quantity is not medically necessary.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI, NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: According to the 09/19/2014 report by [REDACTED] this patient presents with low back pain, left hip/thigh pain and dizziness. The provider is requesting Omeprazole 20mg #60 and it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the medical records show that the patient is taking Ibuprofen and has no gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the provider does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, Omeprazole 20mg, #60 is not medically necessary.

Menthoderm 120ml, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 09/19/2014 report by [REDACTED] this patient presents with low back pain, left hip/thigh pain and dizziness and "pain 5/10-stiffness- frequent dizziness when standing up- weakness-decreased ROM." The provider is requesting Mentoderm 120ml,

unknown quantity. Methoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs, MTUS states "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this patient, there are no diagnoses of peripheral joint arthritis or tendinitis for which topical NSAIDs are indicated. MTUS specifically speaks against its use for spinal conditions. Therefore, Methoderm 120ml, unknown quantity is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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; Magnetic Resonance Imaging

Decision rationale: According to the 09/19/2014 report by [REDACTED] this patient presents with low back pain, left hip/thigh pain and dizziness. The provider is requesting MRI of the lumbar spine "to R/O hernia and foraminal stenosis." A review of the reports does not show prior lumbar MRI. The utilization review denial letter states "There is no indication that there has been failure of conservative therapy, or that there are red flags or that symptoms are severe or there is progressive neurologic deficit." Regarding MRI, ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. In this case, reports do not show that the patient presents with any radicular pain. There were no positive examination findings to support any neurologic dysfunction. There are no red flags such as suspicion for infection, tumor, fracture, etc. Therefore, MRI of the Lumbar Spine is not medically necessary.

X-Ray of the left hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip/Pelvic chapter, X-Ray

Decision rationale: According to the 09/19/2014 report by [REDACTED] this patient presents with low back pain, left hip/thigh pain and dizziness. The provider is requesting X-ray of the left hip "R/O OA and Fx." Regarding X-ray, ODG "Recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis." Review of reports show a recent hip X-ray on 04/09/2014 with result of "no arthropathy or fracture," with "impression unremarkable left hip." There was no indication of

"severe injury" but the provider is concerned about OA and possible subtle fracture given the patient's age. Therefore, X-Ray of the left hip is medically necessary.

TENS unit, unknown duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: According to the 09/19/2014 report by [REDACTED] this patient presents with low back pain, left hip/thigh pain and dizziness. The provider is requesting TENS unit, unknown duration. The provider mentions on the 09/09/2014 report, "No trial. PT has TENS unit at home & has been using it. Helping for pain." Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the medical records from 03/11/2013 to 10/22/2014 does not indicate the patient has neuropathic pain. Furthermore, there is no evidence that the patient has had a trial of one-month home use. The requested TENS unit for home use with unknown duration is not in accordance with MTUS guidelines. As such, TENS unit, unknown duration is not medically necessary.

NCV of the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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, Electrodiagnostic Studies

Decision rationale: According to the 09/19/2014 report by [REDACTED] this patient presents with low back pain, left hip/thigh pain and dizziness. The provider is requesting NCV of the lower extremities "to R/O radiculopathy." Regarding nerve conduction studies, ACOEM does not discuss it but ODG states that it is not recommended for radiating leg symptoms presumed to be coming from the spine. Review of reports do not show any evidence of NCV being done in the past. While the patient has some proximal leg pain, the provider does not raise any concerns for peripheral neuropathies, plexopathies, to warrant NCV studies. It would appear that the patient's leg symptoms are referred pain from the spine or the hip joint. Therefore, NCV of the lower extremities is not medically.

EMG of the lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Electrodiagnostic Studies

Decision rationale: According to the 09/19/2014 report by [REDACTED] this patient presents with low back pain, left hip/thigh pain and dizziness. The provider is requesting EMG of the lower extremities "to R/O radiculopathy." Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 support EMG and H-reflex tests to determine subtle, focal neurologic deficit. Review of reports do not show any evidence of EMG being done in the past. In this case, the provider has requested for an EMG of the bilateral lower extremities and the guidelines support it. Therefore, EMG of the lower extremities is medically.