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| Case Number: | CM14-0168348 | | |
| Date Assigned: | 10/16/2014 | Date of Injury: | 08/15/2011 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a TENS unit; and a lumbar support. In a Utilization Review Report dated September 26, 2014, the claims administrator approved Nalfon, denied a cervical traction device, denied electrodiagnostic testing of the lower extremities, partially approved a comprehensive metabolic panel, CBC, and urinalysis as urinalysis alone, denied a pain management consultation, and denied a cervical pillow. The claims administrator employed Colorado Guidelines in its decision to deny the pain management referral, despite the fact that the MTUS did address the topic. The claims administrator interpreted the request for a urinalysis as a urine drug test. The claims administrator cited guidelines which did recommend laboratory monitoring for applicants using NSAIDs but then went on to deny the request for laboratory testing on the grounds that the applicant did not have any "red flags" which would warrant the testing at issue. The applicant's attorney subsequently appealed. In a progress note dated January 9, 2014, the applicant reported ongoing complaints of neck and low back pain, reportedly reduced with medication consumption. The applicant denied depression. The applicant stated that he was able to perform some minimal chores but stated that his daughter was helping him with the same. Norco, Flexeril, Neurontin, and Naprosyn were endorsed. The applicant was given a diagnosis of low back pain radiating to the right leg with progressive, chronic right L5-S1 radiculopathy. In an October 9, 2014 progress note, the applicant reported 8/10 low back pain. The applicant was using a back brace. It was stated that the applicant was working full time in the demolition/construction industry. On this occasion, the applicant reported issues with depression

which were diminishing his functionality. Limited lumbar range of motion was noted. The applicant was given trigger point injections. Ultram, Naprosyn, Flexeril, and Neurontin were endorsed. Laboratory testing was also sought, along with a traction device. The attending provider reiterated that the medications were allowing the applicant to remain functional and continue working. In a September 9, 2014 progress note, the attending provider stated that the applicant should obtain a 30-day rental of a cervical traction device while employing Nalfon, Naprosyn, Neurontin, tramadol, and Flexeril for pain relief. The applicant was asked to continue working. The applicant was asked to continue using a TENS unit. It was stated that the applicant had not had any renal or hepatic function testing in over a year. Both CBC and urinalysis were endorsed. The attending provided alluded to the applicant's having had earlier negative electrodiagnostic testing in 2013. The claims administrator also stated that the applicant had an MRI-confirmed disk herniation at L4-L5 with spondylolisthesis at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174; Table 8-8, 181.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, traction, the modality at issue, is deemed "not recommended." While ACOEM Chapter 8, page 174 does qualify its unfavorable position on traction by noting that palliative tools such as traction can be employed on a trial basis, in this case, however, the request was seemingly submitted as a request for purchase of a palliative tool, traction, without a prior successful trial. This is not indicated, per ACOEM. Therefore, the request is not medically necessary.

EMG/NCV of the bilateral lower extremities: 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, Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, 377; Table 12-8, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is "not recommended" for applicants with a clinically obvious radiculopathy. In this case, the attending provider has posited that the applicant has a clinically evident, radio graphically-confirmed lumbar radiculopathy with a disk herniation noted on earlier lumbar MRI imaging of the L4-L5 level, effectively obviating the need for the electrodiagnostic

testing at issue. It is further noted that the applicant's radicular complaints seem to be confined to the right lower extremity, again arguing against the need for electrodiagnostic testing of the bilateral lower extremities. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, and page 377 notes that electrical study for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy is "not recommended." In this case, there is no clearly stated suspicion of any issues with a peripheral neuropathy, generalized neuropathy, diabetic neuropathy, tarsal tunnel syndrome, etc., present here. Rather, all of the information on file points to the applicant's carrying a diagnosis of clinically-evident, radio graphically-confirmed lumbar radiculopathy. Electrodiagnostic testing of the lower extremities, by definition, is superfluous. Therefore, the request is not medically necessary.

Comprehensive metabolic panel, CBC, and UA: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug Lists and Adverse Effects topic Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routinely suggested monitoring in applicants using NSAIDs includes testing of an applicant's hematologic function, renal function, and hepatic function. The comprehensive metabolic panel and CBC do represent tests of the applicant's hematologic, renal, and hepatic functions. The applicant is using Naprosyn, an NSAID, and has not had laboratory monitoring in over a year. This is indicated, as noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has longstanding, multifocal pain complaints and is using a variety of analgesic and adjunct medications. Obtaining the added expertise of a physician specializing in chronic pain, such as the pain management consultant, is indicated. Therefore, the request is medically necessary.

Neck pillow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Sleep Pillows and Posture section.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that there is no recommendation for or against usage of any specific commercial products, such as neck pillows, as there is no quality evidence that they have any roles in the treatment or prevention of chronic neck pain, as is present here. In this case, the attending provider has failed to furnish any compelling applicant-specific rationale which would offset the tepid-to-unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.