

Case Number:	CM14-0183322		
Date Assigned:	11/10/2014	Date of Injury:	04/25/2014
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/04/2014

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 Arizona and 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 47-year-old male who reported an injury on 04/25/2014. The mechanism of injury was not provided. On 10/23/2014, the injured worker presented with complaints of increased low back pain, mid back and neck pain. Upon examination, there was moderate restriction of the cervical range of motion and lumbar range of motion. There was +3 muscle guarding to the cervical spine and +2 muscle guarding to the lumbar spine. The diagnoses were lumbar instability, disc syndrome, radiculitis and strain/sprain, thoracic strain/sprain and cervical strain/sprain. Prior therapy included chiropractic treatment. There was no current medication list provided. The provider recommended Prilosec, tramadol, neurodiagnostics of the lower extremities and an MRI of the lumbar spine and 12 physical therapy sessions. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: The request for Prilosec 20 mg is not medically necessary. According to California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There is lack of documentation of the injured worker with a diagnosis congruent with the guideline recommendation for Prilosec. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. There is no information on treatment history or length of time the injured worker has been prescribed this medication. There is no frequency provided in the request as submitted. As such, medical necessity has not been established for Prilosec.

90 Tramadol 37.5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Tramadol 37.5/325 mg is not medically necessary. The California MTUS Guidelines recommend opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. There is no information on treatment history or length of time the injured worker has been prescribed tramadol. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established for Tramadol.

Neurodiagnostics of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic)

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, Nerve Conduction studies.

Decision rationale: The request for neurodiagnostics of the lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines state special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out; however, when the neurologic exam is less clear further physiologic evidence of nerve dysfunction can be obtained for ordering an imaging study. Electromyography and nerve conduction velocity including H-

reflex test may help identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines further state that an NCV is not recommended. There is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There was a lack of documentation of positive provocative testing indicating pathology to the lumbar that revealed lack of functional deficits. The clinical note revealed low back pain with radiation to the bilateral lower extremities. However, there is no evidence of a positive straight leg raise, sensation, motor strength or reflex deficits. There is no indication of failure to respond to conservative care to include physical therapy and medication management. Furthermore, the guidelines do not recommend a neurodiagnostic test for the lower extremities. As such, medical necessity for Neurodiagnostics has not been established.

Single-Positional MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305,Chronic Pain Treatment Guidelines.

Decision rationale: The request for a single positional MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated when the neurologic examination is less clear; further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical document has failed to show evidence of significant neurologic deficits upon physical examination. Additionally, the documentation failed to show that the injured worker had tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurologic deficits on physical exam, an MRI is not supported by the referenced guidelines. As such, medical necessity for MRI has not been established.

12 Physical medicine sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for 12 physical medicine sessions is not medically necessary. The California MTUS state 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, and can alleviate discomfort. Active therapy requires an internal effort by the

individuals to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The guidelines recommend 10 visits of physical therapy, the amount of physical therapy visits that have already been completed was not provided. The provider's request for 12 physical medicine sessions does not indicate the site at which the therapy sessions are indicated for, the frequency, and it also exceeds the guideline recommendations. As such, medical necessity for Physical Medicine Sessions has not been established.