

Case Number:	CM14-0021976		
Date Assigned:	05/07/2014	Date of Injury:	04/13/2008
Decision Date:	10/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 68-year-old female who has submitted a claim for lumbosacral radiculopathy, chronic sprain of both knees, status post right shoulder arthroscopy, and chronic myofascial pain syndrome associated with an industrial injury date of 4/13/2008. Medical records from 2014 were reviewed. Patient complained of left-sided low back pain, radiating to the left lower extremity, rated 6 to 8/10 in severity the patient complained of right knee pain resulting to difficulty in ambulation. Pain was associated with numbness of bilateral lower extremities. Patient reported greater than 50% pain relief and 50% improvement in functional activities upon intake of Tramadol. There was no documented abuse or drug misuse. Physical examination of the lumbar spine showed restricted motion, multiple trigger points and taut bands. Patient was unable to perform heel walk and toe walk. Tenderness and effusion were likewise noted at both knees. Sensation was diminished at both thighs and left calf area. Motor strength was decreased at the left ankle dorsiflexors and bilateral ankle plantar flexors. Straight leg raise test was positive on the left. Reflexes were intact. Electrodiagnostic study of bilateral lower extremities, dated 6/16/2009, demonstrated normal findings. However, a similar EMG/NCV study performed on the same date showed L2, L3, and L4 left radiculopathy or left femoral neuropathy. Repeat study on 5/27/2014 showed left L2/L3/L4 nerve root radiculopathy, chronic in duration, and mild to moderate in degree. There was no evidence of neuropathy in the left lower leg. Treatment to date has included right shoulder arthroscopy, home exercise program, lumbar epidural steroid injection, physical therapy, aqua therapy, trigger point injections, chiropractic care, and medications such as Tramadol, Celebrex, Topamax, Cymbalta, and Oxybutynin (unknown initial dates of prescription). Utilization review from 2/17/2014 denied the request for EMG/NCV of bilateral lower extremities because there was no evidence of that patient had neuropathy, radiculopathy, or nerve injury; denied Ultram 50 mg, #180 because there was no evidence that

the patient had failed over-the-counter medications; denied Celebrex 200 mg, #120 because it was not clear if patient had failed Ibuprofen or Naproxen; denied urine drug screen because it was unclear if patient was taking opioids at the time of request; denied aquatic therapy at a gym daily because it was not clear why patient cannot participate in a land-based physical therapy; denied deep breathing type meditation as a relaxation technique because it was not guideline recommended; and denied follow-up in 4 weeks because the medical necessity for a follow up appointment was unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE RIGHT LOWER EXTREMITIES QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of left-sided low back pain, radiating to the left lower extremity. The patient complained of right knee pain resulting to difficulty in ambulation. Pain was associated with numbness of bilateral lower extremities. Physical examination of the lumbar spine showed restricted motion, multiple trigger points and taut bands. Patient was unable to perform heel walk and toe walk. Tenderness and effusion were likewise noted at both knees. Sensation was diminished at both thighs and left calf area. Motor strength was decreased at the left ankle dorsiflexors and bilateral ankle plantar flexors. Straight leg raise test was positive on the left. Reflexes were intact. However, clinical manifestations of the right leg were not consistent with radiculopathy to warrant EMG testing. Moreover, EMG/NCV study performed on 6/6/2009 showed L2, L3, and L4 left radiculopathy or left femoral neuropathy. However, there was no clear indication for repeat testing. There were no worsening of subjective complaints and objective findings to warrant this request. Of note, a repeat study was already accomplished on 5/27/2014 showing left L2/L3/L4 nerve root radiculopathy, chronic in duration, and mild to moderate in degree. Therefore, the request for electromyography (EMG) of the right lower extremity is not medically necessary.

EMG OF THE LEFT LOWER EXTREMITIES QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of left-sided low back pain, radiating to the left lower extremity. Pain was associated with numbness of bilateral lower extremities. Physical examination of the lumbar spine showed restricted motion, multiple trigger points and taut bands. Patient was unable to perform heel walk and toe walk. Tenderness and effusion were likewise noted at both knees. Sensation was diminished at both thighs and left calf area. Motor strength was decreased at the left ankle dorsiflexors and bilateral ankle plantar flexors. Straight leg raise test was positive on the left. Reflexes were intact. Clinical manifestations of the left leg were consistent with radiculopathy; hence EMG may be warranted. However, EMG/NCV study performed on 6/6/2009 showed L2, L3, and L4 left radiculopathy or left femoral neuropathy. However, there was no clear indication for repeat testing. There were no worsening of subjective complaints and objective findings to warrant this request. Of note, a repeat study was already accomplished on 5/27/2014 showing left L2/L3/L4 nerve root radiculopathy, chronic in duration, and mild to moderate in degree. Therefore, the request for electromyography (EMG) of the left lower extremity is not medically necessary.

NCV OF THE RIGHT LOWER EXTREMITIES QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG)

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 (NCS) 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 address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. 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, patient complained of left-sided low back pain, radiating to the left lower extremity. The patient complained of right knee pain resulting to difficulty in ambulation. Pain was associated with numbness of bilateral lower extremities. Physical examination of the lumbar spine showed restricted motion, multiple trigger points and taut bands. Patient was unable to perform heel walk and toe walk. Tenderness and effusion were likewise noted at both knees. Sensation was diminished at both thighs and left calf area. Motor strength was decreased at the left ankle dorsiflexors and bilateral ankle plantar flexors. Straight leg raise test was positive on the left. Reflexes were intact. Clinical

manifestations of the right leg may indicate neuropathy; hence, NCV may be warranted. However, EMG/NCV study performed on 6/6/2009 showed L2, L3, and L4 left radiculopathy or left femoral neuropathy. There was no clear indication for repeat testing. There were no worsening of subjective complaints and objective findings to warrant this request. Of note, a repeat study was already accomplished on 5/27/2014 showing left L2/L3/L4 nerve root radiculopathy, chronic in duration, and mild to moderate in degree. Therefore, the request for NCV of the right lower extremity is not medically necessary.

NCV OF THE LEFT LOWER EXTREMITIES QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

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 (NCS) 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 address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. 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, patient complained of left-sided low back pain, radiating to the left lower extremity. Pain was associated with numbness of bilateral lower extremities. Physical examination of the lumbar spine showed restricted motion, multiple trigger points and taut bands. Patient was unable to perform heel walk and toe walk. Tenderness and effusion were likewise noted at both knees. Sensation was diminished at both thighs and left calf area. Motor strength was decreased at the left ankle dorsiflexors and bilateral ankle plantar flexors. Straight leg raise test was positive on the left. Reflexes were intact. Clinical manifestations of the left leg were consistent with radiculopathy; hence, there was no indication for NCV. EMG/NCV study performed on 6/6/2009 showed L2, L3, and L4 left radiculopathy or left femoral neuropathy. However, there was no clear discussion for repeat testing. There were no worsening of subjective complaints and objective findings to warrant this request. Of note, a repeat study was already accomplished on 5/27/2014 showing left L2/L3/L4 nerve root radiculopathy, chronic in duration, and mild to moderate in degree. Therefore, the request for (NCV) of the left lower extremity is not medically necessary.

ULTRAM 50MG QTY: 180.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93-94, 113.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the exact initial prescription date for Tramadol is unknown. Patient reported greater than 50% pain relief and 50% improvement in functional activities upon intake of Tramadol. There was no documented abuse or drug misuse. Guideline criteria for ongoing opioid management have been met. Therefore, the request for Ultram 50mg qty: 180.00 are medically necessary.

CELEBREX 200MG QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 30-31, 67-73, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications; NSAIDs Page(s): 22; 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case, the exact initial prescription date for Celebrex is unknown. Medical record submitted and reviewed failed to provide evidence of gastrointestinal risk factors to warrant prescription of COX-2 inhibitors. Guideline criteria are not met. Therefore, the request for Celebrex 200mg qty: 120.00 are not medically necessary.

URINE DRUG SCREEN QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines URINE DRUG SCREENING Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. Screening is recommended randomly at least twice and up to 4 times a year. In this case, current medication includes Norco

and Celebrex. There is no documented abuse or drug misuse from the records submitted. However, there is likewise no recent urine drug screen performed on this case. The medical necessity for performing drug screening at this time has been established to monitor compliance. Therefore, the request for urine drug screen is medically necessary.

AQUATIC THERAPY AT A GYM DAILY QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient has completed a course of aquatic therapy previously. However, the exact number of treatment sessions completed and functional outcomes are not documented. There is no data on body mass index. No fracture of the lower extremity is likewise noted. Furthermore, there is no indication why the patient could not participate in a land-based physical therapy program. Therefore, the request for aquatic therapy at a gym daily qty: 1.00 is not medically necessary.

DEEP BREATHING TYPE MEDITATION AS A RELAXATION TECHNIQUE CD TY: 1.00: 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 Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Mind/body interventions (for stress relief).

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, mind/body interventions are recommended in managing psychiatric symptoms and pain, when used in combination with more conventional therapies. Meditation may provide moderate improvement in psychological stress, including anxiety, depression, and pain. In this case, the patient had physical therapy, aquatic therapy, trigger point injections, and medications for management of chronic pain. However, medical records submitted and reviewed failed to provide evidence of comorbid psychological conditions. There was no clear indication for this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for deep breathing type meditation as a relaxation technique cd ty: 1.00 is not medically necessary.

FOLLOW-UP IN 4 WEEKS QTY: 1.00: 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 Official Disability Guidelines (ODG) Pain Section, Office Visits

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, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient is being seen for persistent low back pain despite conservative measures. She is recently recommended to undergo additional aqua therapy sessions; medications are likewise refilled. The medical necessity for a follow up appointment has been established to monitor patient's response to therapy. However, the request failed to indicate specialization of her doctor; she is being monitoring by both physiatrist as and pain management specialist. The request is incomplete; therefore, the request for follow-up in 4 weeks, quantity one is not medically necessary.