

Case Number:	CM14-0034958		
Date Assigned:	06/23/2014	Date of Injury:	01/31/2013
Decision Date:	07/24/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 32-year-old man who sustained a work related injury on January 31, 2013. Subsequently he developed neck and low back pain with some numbness in the shoulder/arm. According to a note dated on February 6, 2014 his physical examination showed normal sensory and moto exams of the lower extremities. Back spasm was present. Reflexes were normal. The patient was diagnosed with low back pain. His treatment included: physical therapy, accupuncture, as well as Naproxen Sodium and Orphenadrine. The patient underwent at least 29 physical therapy session without improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: 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): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS Guidelines stated: Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at

least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of lumbar radiculopathy or nerve root compromise. The patient's neurologic examination was normal. There is no clear evidence of significant change in the patient's signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.

Electromyography 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): 303.

Decision rationale: According to MTUS Guidelines (MTUS page 303 from ACOEM guidelines), “Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks”. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS Guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. “When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study
Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks” (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient developed chronic back pain and damage after his work related injury. The patient developed chronic back pain without clinical evidence and physical examination supporting the diagnosis of radiculopathy. The patient's neurologic examination was normal. There is no clear documentation of focal radicular damage in lower extremities. Therefore, the request for EMG of bilateral lower extremities is not medically necessary.

Nerve conduction velocity 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): 303.

Decision rationale: According to MTUS Guidelines (MTUS page 303 from ACOEM guidelines), “Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks”. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS Guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. “When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study
Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks” (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient developed chronic back pain and damage after his work related injury. The patient developed chronic back pain without clinical evidence and physical examination supporting the diagnosis of of radiculopathy or nerve damage. The patient's neurological examination was normal. There is no clear documentation of peripheral nerve damage in lower extremities. Therefore, the request for Nerve Conduction Velocity Studies Of The Lower Extremities is not medically necessary.

Omeprazole DR 20mg #30: 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 < NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS Guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is taking NSAID or has GI issues that requires the use of prilosec. There is no documentation in the patient's chart supporting that the patient is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole DR 20mg #30 prescription is not medically necessary.

Medrox pain relief ointment: 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 Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. The patient was treated with Medrox of undetermined duration without clear documentation of its efficacy. Based on the above, Medrox pain relief ointment is not medically necessary.