

Case Number:	CM14-0035835		
Date Assigned:	07/23/2014	Date of Injury:	04/19/2011
Decision Date:	09/10/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 & Rehabilitation, has a subspecialty certificate 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:

This is a patient with a date of injury of 4/19/11. A utilization review determination dated 3/19/14 recommends non-certification of home exercise kit, EMG/NCS BLE, ibuprofen, omeprazole, MRI lumbar spine, CPK lab study, arthritis panel, aquatic therapy, and TENS unit. Tramadol was modified from #270 to #135 and PT was modified from 5 sessions to 2 sessions. Orthopedic surgery follow-up, UDS, lumbar spine x-rays, CBC, CMP, hepatic panel, and pain management follow-up were certified. 8/14/12 PT progress report identifies that the patient has had prior PT and aquatic therapy sessions. 3/11/14 medical report identifies lumbar pain 8/10 radiating proximally to the right leg, groin, and "right rib." Patient has a history of left L5-S1 discectomy and hemilaminotomy in 2008 and ESIs in 2011. She was not receiving any medical treatment for her industrial injury at the time of the exam. On exam, there is a positive stoop test, but a non-antalgic gait. She had difficulty straightening into an upright position. She was asked to perform forward flexion to tolerance and all she did was look downward. Sciatic nerve stretch test was positive on the right and questionable on the left. There was no paraspinal tenderness. Sensation was intact. Patient was noted to have a history of GERD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit (purchase) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Regarding the request for Home Exercise Kit (purchase) for the lumbar spine, the CA MTUS does support the use of home exercise and notes that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. While exercise is supported, home exercise programs are typically designed to be performed without the need for specialized equipment, and there is no rationale for the use of equipment in this case or what specific equipment would be needed. In the absence of such documentation, the currently requested Home Exercise Kit (purchase) for the lumbar spine is not medically necessary.

Electromyogram (EMG) of the right 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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for Electromyogram (EMG) of the right lower extremity, CA MTUS and ACOEM note that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no specific symptoms/findings suggestive of focal neurologic dysfunction extending into the lower extremities that an EMG would be expected to detect. Furthermore, the patient has pending imaging studies, the results of which may obviate the need for additional specialized testing. In light of the above issues, the currently requested Electromyogram (EMG) of the right lower extremity is not medically necessary.

Electromyogram (EMG) of the left 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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for Electromyogram (EMG) of the left lower extremity, CA MTUS and ACOEM note that electromyography may be useful to identify subtle

focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. Within the documentation available for review, there are no specific symptoms/findings suggestive of focal neurologic dysfunction extending into the lower extremities that an EMG would be expected to detect. Furthermore, the patient has pending imaging studies, the results of which may obviate the need for additional specialized testing. In light of the above issues, the currently requested Electromyogram (EMG) of the left lower extremity is not medically necessary.

Nerve Conduction Study (NCS) of the right 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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for Nerve Conduction Study (NCS) of the right lower extremity, CA MTUS does not specifically address the issue. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no specific symptoms/findings suggestive of peripheral neuropathy for which an NCS would be supported. In the absence of such documentation, the currently requested Nerve Conduction Study (NCS) of the right lower extremity is not medically necessary.

Nerve Conduction Study (NCS) of the left 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 Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: Regarding the request for Nerve Conduction Study (NCS) of the left lower extremity, CA MTUS does not specifically address the issue. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no specific symptoms/findings suggestive of peripheral neuropathy for which an NCS would be supported. In the absence of such documentation, the currently requested Nerve Conduction Study (NCS) of the left lower extremity is not medically necessary.

Ibuprofen 800mg, #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Ibuprofen 800mg, #270, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the patient was noted to not be utilizing any medical treatment at the time of the request. She has a history of GERD and the provider concurrently recommended blood testing, as this was apparently not done recently. As with any medication, there should be routine reevaluation for efficacy, side effects, continued need, etc. While a trial of the medication would be appropriate, the request for #270 is excessive given the patient's history and lack of current blood tests, and unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Ibuprofen 800mg, #270 is not medically necessary.

Omeprazole 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, & Cardiovascular Risk Page(s): 68.

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

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the patient is noted to have a history of GERD, but no current symptoms were noted. As the NSAID was determined to be not medically necessary, there is no clear indication for omeprazole at this time. In light of the above issues, the currently requested omeprazole is not medically necessary.

Tramadol 50mg, #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 75-79.

Decision rationale: Regarding the request for Tramadol 50mg, #270, California MTUS and ACOEM state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Within the documentation available for review, the patient was noted to not

be utilizing any medical treatment at the time of the request. The provider concurrently recommended blood testing, as this was apparently not done recently. As with any medication, there should be routine reevaluation for efficacy, side effects, continued need, etc. While a trial of the medication would be appropriate, the request for #270 is excessive given the patient's history and lack of current blood tests. The utilization reviewer did modify the request to #135, which is approximately a 45-day supply, but unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Tramadol 50mg, #270 is not medically necessary.

MRI of the lumbar spine without contrast: 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 Page(s): 303-304.

Decision rationale: Regarding the request for MRI of the lumbar spine without contrast, CA MTUS and ACOEM note that 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 would consider surgery an option. Within the documentation available for review, there is no identification of any specific subjective/objective findings suggestive of lumbar radiculopathy. Furthermore, the patient was not utilizing any medical treatment at the time and there was treatment and other imaging studies pending that may obviate the need for additional specialized testing. In light of the above issues, the currently requested MRI of the lumbar spine without contrast is not medically necessary.

Creatine phosphokinase (CPK) lab study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am Fam Physician. 2011 Dec 1;84(11):1245-52. Diagnosis and management of rheumatoid arthritis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/ency/article/003503.htm>.

Decision rationale: Regarding the request for Creatine phosphokinase (CPK) lab study, California MTUS and ODG do not address the issue. The NIH notes that it is indicated to diagnose heart attack, evaluate cause of chest pain, determine if or how badly a muscle is damaged, detect dermatomyositis, polymyositis, and other muscle diseases, and tell the difference between malignant hyperthermia and postoperative infection. Within the documentation available for review, there is no indication of suspicion of any of the above conditions. The patient has a longstanding injury with no recent trauma noted and no symptoms/findings suggestive of a condition for which this test would be utilized. In the absence

of such documentation, the currently requested Creatine phosphokinase (CPK) lab study is not medically necessary.

Arthritis Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Am Fam Physician. 2011 Dec 1;84(11):1245-52. Diagnosis and management of rheumatoid arthritis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://labtestsonline.org/understanding/analytes/ana/tab/test>, <http://labtestsonline.org/understanding/analytes/rheumatoid/tab/test>, <http://labtestsonline.org/understanding/analytes/esr/tab/test>, <http://labtestsonline.org/understanding/analytes/crp/tab/test>.

Decision rationale: Regarding the request for Arthritis Panel, California MTUS and ODG do not address the issue. This is a generic term for various blood tests that can be utilized to help diagnose various forms of arthritis. Within the documentation available for review, there is no identification of any symptoms/findings suggestive of a form of arthritis that requires blood testing to conform or rule out its presence. Furthermore, as the request is a generic term and not specific to any single test or a standard group of tests, there is no provision for modification of the current request to the appropriate specific test(s) should the use of any tests of this type be appropriate. In light of the above issues, the currently requested Arthritis Panel is not medically necessary.

Physical Therapy for home exercise program for 5 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for Physical Therapy for home exercise program for 5 sessions, California MTUS does support the use of physical therapy for chronic injuries and cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions in the past, but it does not appear that any recent sessions have been utilized. Given the patient's current functional limitations, a few sessions of PT appear appropriate to progress her back into an independent home exercise program. In light of the above, the currently requested Physical Therapy for home exercise program for 5 sessions is medically necessary.

Aquatic Therapy for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: Regarding the request for Aquatic Therapy for 12 sessions, Chronic Pain Treatment Guidelines state that up to 10 sessions of aquatic therapy are recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment and it is noted that land-based therapy was concurrently requested and determined to be medically necessary. In light of the above issues, the currently requested Aquatic Therapy for 12 sessions is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) Unit plus supplies for 5 month rental:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) devices Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: Regarding the request for Transcutaneous electrical nerve stimulation (TENS) Unit plus supplies for 5 month rental, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, a one-month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a one-month TENS unit trial and there is no provision for modification of the current request from 5 months to 1 month. Furthermore, there is no documentation of failure of other forms of conservative management given that the patient has not had any recent medical treatment and other forms of conservative treatment by the provider were recommended and are pending. In light of the above issues, the currently requested Transcutaneous electrical nerve stimulation (TENS) Unit plus supplies for 5 month rental is not medically necessary.