

Case Number:	CM14-0052076		
Date Assigned:	08/08/2014	Date of Injury:	01/29/2013
Decision Date:	09/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 31-year-old female who reported an injury on 01/29/2013. The mechanism of injury was the injured worker was trying to insert a pallet jack underneath a loaded pallet. The jack was old and in poor condition and got stuck. The injured worker pushed it forcefully and felt a snap in the low back radiating to the mid back. Other therapies were noted to include chiropractic care, physical therapy, and medications. The injured worker underwent epidural steroid injections, physical therapy, pain medication treatment, and acupuncture. The diagnostic examinations revealed the injured worker underwent and EMG/NCV on 02/28/2014 which revealed there was electrophysiologic evidence consistent with a mild right L4 and right S1 sensory radiculopathy. The injured worker underwent an MRI of the lumbar spine on 03/15/2013. The documentation of 11/13/2013 revealed the injured worker was utilizing a back brace. The injured worker underwent a psychological evaluation on 02/03/2014. The medication history was noted to include tramadol, Mobic, and omeprazole as of 03/06/2014. The documentation of 03/24/2014 revealed the injured worker had complaints of neck pain, mid back pain, and low back pain as well as depression and anxiety. The medications were noted to include tramadol 50 mg, ketoprofen 50 mg, omeprazole 20 mg, lorazepam 1 mg, and meloxicam 15 mg. the physical examination revealed the injured worker had a slight pelvic tilt. The injured worker had tenderness to palpation over the paracervical, sternocleidomastoid, trapezius, and levator scapula muscles bilaterally. The injured worker had tenderness to palpation of the paralumbar and gluteal muscles on the right with spasms. The injured worker had decreased range of motion. The physical examination revealed the injured worker had motor strength of selective tested deep muscle groups of the upper and lower extremities at 4/5. The diagnoses included chronic low back pain syndrome with associated radiculopathy to the right lower extremity with evidence of 1 level disc bulge per MRI, anxiety with depression associated with

neck pain and spasm, hyperacidity secondary to chronic intake of NSAIDs, sleep interruption due to pain and anxiety. The treatment plan included an MRI with contrast of the lumbar spine to assess the status of the neural foraminal and/or intervertebral discs and/or spinal roots secondary to persistent and worsening low back symptoms, repeat EMG/NCS of the right lower extremity to confirm the exact level of radiculitis and nerve root involvement and to determine other neurological pathology contributing to symptoms, omeprazole 20 mg twice a day for GI problems #30, aquatic therapy 2 times per week times 4 weeks, chiropractic evaluation and treatment once a week for 4 weeks directed at the lumbar spine; a referral to a sleep specialist for evaluation due to problems with sleep interruption, and a referral to a psychologist for evaluation and treatment secondary to symptoms of anxiety and depression. Additionally, the treatment plan included a lumbar belt for support and an IF-4 unit to be used at home. There was a Request for Authorization for the medications; however, there was no Request for Authorization for the other requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg for GI problems #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 03/18/2014 - Proton Pump Inhibitors (PPIs).

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

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had utilizing the medication for at least 1 month. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg for GI problems #30 is not medically necessary.

Aquatic Therapy two (2) times a week for four (4) weeks: 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, Physical Medicine Page(s): 22, 98, 99.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy when there is a need for reduced weight-bearing. The therapy is recommended for 8 to 10 visits for radiculopathy. The request as submitted failed to indicate the body part to be treated with the aquatic therapy. There was a lack of documentation indicating a necessity for reduced weight-bearing. Given the above, the request for aquatic therapy 2 times per week times 4 weeks is not medically necessary.

MRI with contrast for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary last updated 03/18/2014 - MRI's.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back Chapter, MRI.

Decision rationale: The Official Disability Guidelines recommend a repeat MRI when there is a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the request was made to assess the status of the neural foramina and/or intervertebral discs and/or spinal roots secondary to persistent or worsening low back symptoms. There was a lack of documentation of a significant change. Given the above, the request for an MRI with contrast of the lumbar spine is not medically necessary.

Repeat Electromyography (EMG) to the Right Lower Extremity: 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 - TWC Low Back Procedure Summary last updated 03/18/2014 - Minimum Standards for electrodiagnostic studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient to warrant to imaging in injured workers who do not respond to treatment. The clinical documentation submitted for review indicated the injured worker previously underwent an EMG. The request for a repeat EMG was to confirm the exact level of radiculitis and nerve root involvement. There was a lack of documentation of significant objective findings and a significant change in symptomatology to support a necessity for a repeat electromyography. Given the above, the request for a repeat electromyography (EMG) to the right lower extremity is not medically necessary.

Repeat Nerve Conduction Studies (NCS) to the Right Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary last updated 03/18/2014 - NCSs (Nerve conduction studies).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back Chapter, NCS.

Decision rationale: The Official Disability Guidelines do not recommend nerve conduction studies when there are objective findings of radiculopathy. The clinical documentation submitted for review indicated the injured worker had a prior EMG/NCV. The EMG/NCV revealed the injured worker had radiculopathy. There was a lack of documentation indicating a necessity for a repeat nerve conduction study. Given the above, the request for repeat nerve conduction studies (NCS) to the right lower extremity is not medically necessary.

Lumbar Belt for Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back Procedure Summary last updated 03/18/2014 - Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review indicated the injured worker had a lumbar spine orthosis that was distributed on 11/13/2013. There was a lack of documentation indicating a necessity for a second lumbar spine orthosis. There was no rationale for the lumbar belt support. Given the above, the request for a lumbar belt for support is not medically necessary.

IF Unit for Home Use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: The California MTUS Guidelines do not recommend interferential current stimulation as an isolated intervention. The clinical documentation submitted for review failed to indicate the injured worker would be utilizing the interferential current stimulator as an adjunct to other therapies. The request as submitted failed to indicate whether the request was for rental or purchase and the duration of use was not established. Given the above, the request for an IF unit for home use is not medically necessary.

Referral to a Sleep Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 03/18/2014 - Office Visits.

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

Decision rationale: The California MTUS guidelines indicate upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the documentation was the original requested date of service. This was the initial visit for the injured worker. There was a lack of documentation indicating the complaints had persisted. Given the above, the request for a referral to a sleep specialist is not medically necessary.

Referral to a Psychologist for evaluation and treatment: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review submitted indicated the injured worker had undergone a psychological consultation and evaluation on 02/03/2014. There was a lack of documentation indicating a necessity for a repeat evaluation. Treatment could not be established without evaluation. Given the above, the request for a referral to a psychologist for evaluation and treatment is not medically necessary.