

Case Number:	CM14-0066442		
Date Assigned:	07/11/2014	Date of Injury:	10/31/2005
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of October 31, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; earlier lumbar spine surgery; unspecified amounts of physical therapy over the life of the claim; and transfer of care to and from various providers in various specialties. In an April 24, 2014 Utilization Review Report, the claims administrator denied a request for lumbar MRI imaging, electrodiagnostic testing of the bilateral lower extremities, Keratek analgesic gel, and an MRI of the thoracic spine. The applicant's attorney subsequently appealed. In an April 3, 2014 progress note, the applicant apparently transferred care to a new primary treating provider, noting bilateral shoulder, upper back, mid back, and lower back pain, ranging from 5-6/10. The applicant reportedly attributed his symptoms to cumulative trauma at work. The applicant was not working, it was acknowledged, and last worked in 2006. The applicant exhibited symmetric lower extremity reflexes and normal lower extremity sensorium in certain areas with hypo-sensorium in other areas. Motor function was not clearly assessed. Electrodiagnostic testing, thoracic and lumbar MRI imaging, Ultram, Prilosec, and Restoril were sought. The applicant was placed off of work, on total temporary disability. The attending provider did not state how the test in question would influence the treatment plan.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303-304, Chronic Pain Treatment Guidelines Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Lumbar Spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there was no mention of the applicant considering further spine surgery. There was no mention that the applicant was intent on pursuing further surgery in-so-far as the lumbar spine was concerned. It was not stated how the lumbar MRI in question would alter the treatment plan. Therefore, the request is not medically necessary.

EMG/NCS Bilateral 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, Chapter 14 Ankle and Foot Complaints Page(s): Table 14-6, page 377; Table 12-8, page 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing for a diagnosis of clinically obvious radiculopathy is "not recommended." In this case, the applicant already has a clinically evident lumbar radiculopathy status post earlier lumbar spine surgery in 2006, it has been suggested. It is unclear how EMG testing would influence or alter the treatment plan as the applicant already has a clinically evident lumbar radiculopathy here. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." In this case, as noted previously, the applicant's symptoms of low back pain radiating to the legs are clearly attributable to lumbar radiculopathy, the attending provider has acknowledged. There was no mention or suspicion of any issues with entrapment neuropathy, lower extremity peripheral neuropathy, etc., which would have supported the nerve conduction testing portion of the request. The applicant did not, moreover, have any systemic disease process such as diabetes which would have resulted in a predisposition toward a lower extremity peripheral neuropathy, it was acknowledged on the April 3, 2014 progress note referenced above. Therefore, the request is not medically necessary.

Kera-Tek analgesic Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anagesics Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the Keratek gel in question are deemed "largely experimental." It is further noted that the applicant's concomitant prescriptions for several first-line oral pharmaceuticals, including Ultram, effectively obviates the need for the largely experimental topical compounds in question. Therefore, the request is not medically necessary.

MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303-304, Chronic Pain Treatment Guidelines Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Lumbar Spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, preparation for an invasive procedure, in this case, the attending provider himself acknowledged, the applicant had formed no clear intention to pursue any kind of surgical remedy insofar as the thoracic spine was concerned. It was further noted that the bulk of the applicant's pathology was seemingly referable to the lumbar spine, with comparatively little or no thoracic spine issues. Therefore, the request is not medically necessary.