MAXIMUS Federal Services

Case Number:	CM14-0079305		
Date Assigned:	09/29/2014	Date of Injury:	06/03/2004
Decision Date:	11/21/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	05/29/2014

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, has a subspecialty in Interventional Spine 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 patient is a 46-year-old male with a date of injury of June 03, 2004. The diagnoses per [redacted] are lumbar discogenic disease, multilevel; history of prior laminectomy; status post lumbar fusion; and history of CVA pending heart surgery. According to progress report May 01, 2014, the patient presents with continued low back pain following a lumbar fusion at L3 to S1 in 2012. Examination of the lumbar spine revealed painful limited range of motion. There was positive Lasegue's and straight leg raise bilaterally. Motor weakness was noted as 4/5 bilaterally and sensation was decreased at L4-L5 and L5-S1. There was tenderness to palpation over the lumbar paraspinal musculature. The treating physician states that the patient still needs cardiac surgery and may also need lumbar hardware removal and evacuation of large stroma. This is a request for MRI of the lumbar spine, TENS unit with supplies, Soma 350mg #90, Lunesta 3 mg #30, topical cream, EMG of bilateral lower extremities, NCV of the bilateral lower extremities, hardware removal and x-ray. Utilization review denied the request on May 29, 2014. The medical records were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI (with contrast): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303.

Decision rationale: This patient presents with chronic low back pain. The treating physician states the patient may need a lumbar hardware removal and evacuation of large stroma. He is requesting a lumbar spine MRI with contrast. For special diagnostics, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. For this patient's now chronic condition with radicular symptoms and weakness, the Official Disability Guidelines provide a good discussion. The Official Disability Guidelines recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. MRI is also allowed for post-operative evaluation. In this case, there is no evidence that the patient had an MRI following the last lumbar surgery. There was no reference to it in the file. An updated MRI of Lumbar spine appears reasonable given the patient's leg symptoms and weakness on examination. Therefore, the request is medically necessary.

TENS Unit and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting continuation of TENS unit with supplies. According to the Chronic Pain Medical Treatment Guidelines, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom-limb pain, and multiple scoliosis. When a TENS unit is indicated a 30-day home trial is recommended and with documentation of function improvement, additional usage may be indicated. In this case, the patient notes that the TENS unit helps. No other documentations are provided such as frequency of use, magnitude of pain reduction and functional changes. The Chronic Pain Medical Treatment Guidelines allow for extended use of a TENS unit when there is documentation of functional improvement. Given the lack of discussion regarding efficacy, continuation of usage cannot be supported. Therefore, the request is not medically necessary.

Soma 350mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: This patient presents with chronic low back pain. The provider is requesting a refill of Soma 350 mg #90. The MTUS page 63 regarding muscle relaxants states, "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exasperations in patients with chronic LBP." Review of the medical file indicates that the patient has been prescribed Soma 350 mg since 10/15/2013. Muscle relaxants are recommended for short-term use only. Therefore, the request is not medically necessary.

Lunesta 3mg, #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 Pain, (updated 05/15/14) regarding Insomnia treatment: Eszopiclone (Lunesta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Lunesta (Eszopiclone)

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting a refill of Lunesta. Review of the medical file indicates that the patient has been prescribed Lunesta since October 15, 2013. The Official Disability Guidelines does support Lunesta (Eszopiclone) based on studies up to 6 months of use; however, given the treating physician has not discussed sleep issues in this patient or the efficacy of this medication, recommendation for further use cannot be made. The Chronic Pain Medical Treatment Guidelines requires documentation of pain assessment and functional changes when medications are used for chronic pain. Therefore, the request is not medically necessary.

Creams: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. Monthly progress reports indicate cream helps as well. There is no further discussion of this cream and the ingredients are unknown. The MTUS Chronic Pain Medical Treatment Guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A recommendation cannot be made on a topical cream without knowing its components. Furthermore, guidelines state that topical analgesic care largely experimental and used with few randomized control trials to determine efficacy or safety. Therefore, the request is not medically necessary.

Electromyography (EMG) of the bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting an EMG of the bilateral lower extremities. The medical file provided for review does not indicate the patient has had an EMG of the bilateral lower extremities. The ACOEM Practice Guidelines states that electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the patient has persistent low back pain and an EMG study would appear reasonable for further investigation. Therefore the request is medically necessary.

Nerve Conduction Velocity (NCV) of the right lower extremity: 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), Chapter Low Back - Lumbar & Thoracic, Nerve conduction studies

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting an NCV of the bilateral lower extremities. The California MTUS Guidelines and ACOEM Practice Guidelines do not discuss nerve conduction studies. However, the Official Disability Guidelines states that NCV studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The Official Disability Guidelines states that nerve conduction studies (NCS) are not recommended for low back conditions. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of an EMG/NCS. A Nerve conduction study for further investigation is not necessary. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NCV) of the left lower extremity: 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) Chapter Low Back - Lumbar & Thoracic, Nerve conduction studies

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting an NCV of the bilateral lower extremities. The California MTUS Guidelines and ACOEM Practice Guidelines do not discuss nerve conduction studies. However, the Official Disability Guidelines states that NCV studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The Official Disability Guidelines states that nerve conduction studies (NCS) are not recommended for low back conditions. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of an EMG/NCS. A Nerve conduction study for further investigation is not necessary. Therefore, the request is not medically necessary.

Hardware Removal (lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Offiicial Disability Guidelines; Low Back, updated 05/12/14; regarding Hardware implant removal (fixation)

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, hardware implant removal

Decision rationale: This patient presents with chronic low back pain and is status post L3 through S1 fusion from 2012. The patient continues with pain and the treating physician is requesting hardware removal. Utilization review denied the request stating there is no documentation that the hardware is broken and a hardware block confirming that this is the source of continued pain. The California MTUS Guidelines and the ACOEM Practice Guidelines do not discuss hardware implant removal; however, the Official Disability Guidelines states that hardware implant removal is not recommend the routine removal of hardware implanted for fixation, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. The patient continues with persistent low back pain and consideration for hardware removal may be given. However, the treating physician is requesting numerous diagnostics for further investigation to see where the source of pain is. The Official Disability Guidelines recommends hardware removal for persistent pain and only after ruling out other possible other causes of pain. Therefore, the request is not medically necessary.

X-Rays (at next visit): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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, Radiograph X-Rays

Decision rationale: This patient presents with chronic low back pain and is status post L3 through S1 fusion from 2012. This is request for x-ray of the lumbar spine at the next visit. The California MTUS Guidelines and the ACOEM Practice Guidelines do not specifically discuss x-rays for the lumbar spine. However, the Official Disability Guidelines states that radiograph x-rays are not recommended routine x-rays in the absence of red flags. Lumbar spine radiograph 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 6 weeks. In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected fracture to warrant an x-ray of the lumbar spine. Furthermore, a CT scan was approved on February 10, 2014, which has not yet been completed. Therefore, the request is not medically necessary.