

Case Number:	CM14-0084681		
Date Assigned:	08/01/2014	Date of Injury:	07/18/2011
Decision Date:	09/19/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/06/2014

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 Med & Rehab, 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 44-year-old left hand dominant male who sustained work-related injuries on August 27, 2012 while performing his usual and customary duties as a building and grounds custodian for the [REDACTED]. Since the date of accident, he has been treated with medication, physical therapy, and cortisone injections to his low back complaints. A review of records suggests the injured worker underwent electromyography (EMG) on February 12, 2013 which revealed chronic right S1 radiculopathy. He also underwent a magnetic resonance imaging (MRI) of the lumbar spine dated February 13, 2013 which revealed findings of loss of disk height with a 4mm to 5mm disk bulge that contributes to mild and moderate bilateral foraminal stenosis and mild spinal canal stenosis with mild facet arthropathy at L4-L5, and a 3mm to 4 mm disk bulge with mild to moderate bilateral facet arthropathy contributing to mild bilateral foraminal stenosis at L5-S1. An agreed medical evaluation (AME) report dated January 8, 2014 noted the injured worker's primary complaint of low back pain with radiation into the posterolateral aspect of the right thigh, not past his right knee. He reported weakness to the bilateral lower extremities. A low back exam was significant for slight pain in the low back, slight weakness in the legs with forward flexion and lateral bending provoked slight pain. Local minimal tenderness was noted in the interspinous ligaments at L4-L5. Slight tenderness and muscle spasm was present in the paraspinal muscles. Bilateral hip and bilateral knee examinations were unremarkable. A neurological exam of the bilateral lower extremities was significant for positive finding of straight leg raise test (sitting and supine) to the right lower extremity. Lumbar spine x-rays were obtained and revealed a slight amount of disc space narrowing at the L4-L5 disc space with very minimal amount of hypertrophic formation and foraminal narrowing. Progress reports dated February 11, 2014 and March 4, 2014 noted lumbar spine examination findings of paraspinal tenderness with spasms, decreased ranges of motion,

decreased sensation to the L5 dermatome distribution, and positive straight leg raise test bilaterally. The injured worker's extensor hallucis longus (EHL) and ankle dorsiflexors were graded at 4/5. Recent progress report dated April 22, 2014 noted complaints of continued low back pain traveling to his legs with weakness. The injured worker also reported continuous pain to his left knee. Other than his orthopedic complaints, he reported severe depression, stress, and anxiety. He has feelings of sadness, frustration, desperation, and uselessness. He indicated feeling upset due to difficulties performing his daily activities and as such, causes him lack of motivation. Physical exam findings were significant for spasm and tenderness over the lumbar paraspinals, decreased ranges of motion in all planes of the lumbar spine, positive sitting straight leg raise test to the bilateral extremities, and grade 4/5 muscle testing to the bilateral lower extremities. The injured worker is deemed temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 3 times a week for 4 weeks for Lumbar Spine.: 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 Aquatic therapy Page(s): 22.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines indicate that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Based from the medical records submitted, the injured worker has not yet been provided with a recent full course of land-base physical therapy for his low back complaints and has completed only 9 sessions of land-based physical therapy. Additionally, there was no indication why the injured worker could not participate in a land-based physical therapy program. There were no significant functional deficits indicated in the submitted medical reports to warrant the need for any water-based therapy. Therefore, the request is not medically necessary.

Electromyography (EMG) 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): 303-304.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines note that electromyography (EMG) is indicated for disk protrusion and can be useful to identify subtle neurological dysfunction in injured workers with low back

symptoms when examination findings are unclear. Based from the medical records submitted for review, the injured worker underwent prior electromyography to the bilateral lower extremities dated February 12, 2013. Review of recent progress notes does not provide any indication that there were any progressive neurological signs that would support the necessity for a repeat study. Therefore, it can be concluded that the medical necessity of electromyography (EMG) to the bilateral lower extremities is not medically necessary at this time.

Nerve conduction velocity (NCV) 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) and the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines do not address nerve conduction velocity studies in the lower extremities. The Official Disability Guidelines (ODG) do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when the injured worker is presumed to have symptoms on the basis of radiculopathy. In this case, the injured worker underwent an electromyography last February 12, 2013 which demonstrated findings of chronic right S1 radiculopathy. A magnetic resonance imaging (MRI) scan of the lumbar spine was performed on the same date which revealed findings of multilevel disc bulges at L4 through S1 with the presence of canal stenosis and foraminal narrowing. Recent physical examination findings suggest radicular pain to the lower extremities associated with his low back pain. The medical records provide evidence that the injured worker's complaints are radicular in nature and do not meet the guideline criteria for a nerve conduction velocity study. Therefore, the request is not medically necessary.

MRI of the Lumbar Spine.: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 12 - Low Back, Special Studies and Diagnostic and Treatment Considerations, page(s) 303- 304.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines only support a repeat magnetic resonance imaging study if there are progressive neurological deficits or a new injury. The medical records provided for review indicate that the injured worker had a previous magnetic resonance imaging scan of the lumbar spine done on February 12, 2013. Examination findings per recent progress note lacked evidence

of progressive neurological deficits or new radiculopathy to warrant a repeat study. Therefore, the request is not medically necessary.

Psychological Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate that a specialty referral may be indicated in those individuals whose mental health symptoms continue for more than six to eight weeks. In this case, the injured worker is over a year removed from the date of injury and does apparently have psychiatric complaints as per progress note April 22, 2014. The injured worker's allegations of depression, stress, and anxiety do warrant the added expertise of a provider specializing in mental health. The guideline criteria have been met. Therefore, the request for a psychological evaluation is medically necessary and appropriate.

Ketoprofen 75mg Capsules #30 with 2 refills.: 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 (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines recommend the use of Ketoprofen for injured workers with osteoarthritis and/or acute/chronic back pain and should be used for short term (2 to 4 weeks) for symptomatic relief and at the lowest dose possible. In this case, the submitted records indicate that the injured worker has been taking Ketoprofen since last at least February 2014. Additionally, there is a lack of evidence of any significant objective functional improvement of pain relief to support the ongoing use of Ketoprofen. Physical examination findings from February 11, 2014 through April 22, 2014 showed unchanged physical examination findings. Therefore, the request for Ketoprofen 75mg #30 with two refills is not medically necessary.

Omeprazole DR 20mg Capsule #30 with 2 refills.: 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: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines recommend the use of Omeprazole when the injured worker is taking non-selective non-steroidal anti-inflammatory drugs with a risk of side effects such as bleeding ulcers, perforation, and anti-coagulant use. The medical records submitted do not provide a history and/or complaints of peptic ulcers, or other gastrointestinal events. The medical records do not address any current side effects as a result of the injured worker's prescribed medication schedule. Non-steroidal anti-inflammatory drugs (NSAID) use with Ketoprofen has been recommended for non-certification; as such, therapy with proton pump inhibitors is not indicated. Therefore, the request for Omeprazole delayed release 20 mg #30 with two refills is not medically.

Orphenadrine ER 100mg Table #60 with 2 refills.: 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 Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines indicate that the use of muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in injured workers with chronic low back pain. In addition, the guidelines indicate that efficacy diminishes over time and prolonged use of medications in this case may lead to dependence. The medical records provided for review indicate that the injured worker has been on muscle relaxants since February 2014 with no evidence of appreciable benefit based from recent physical examination findings. Therefore, the request for Orphenadrine extended release 100 mg #60 with two refills is not medically necessary.

Medrox Pain Relief ointment with 2 refills: 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): 111-112.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines indicate that topical analgesics are largely experimental. When one ingredient in a compound carries an unfavorable recommendation, the entire compound is considered to carry an unfavorable recommendation. Further, they are only recommended when trials of anti-depressants and anti-convulsants have failed. The guidelines do not specifically address menthol and/or methyl salicylate. Capsaicin is indicated by the guidelines as recommended only as an option in injured workers who have not responded or are intolerant to first-line analgesics. In this case, the injured worker has been prescribed this topical compound medication since February 2014. There was no evidence in the medical records submitted that would suggest

intolerance to and/or failure of multiple classes of oral agents and/or oral adjuvant medications so as to make a case for usage of topical agents and/or topical compounds which, per the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, are "not recommended." Therefore, the request for Medrox Pain Relief ointment with 2 refills is not medically necessary.