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| Case Number: | CM14-0090463 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 04/15/2011 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 06/11/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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:

This is a 45-year-old female with a 4/15/11 date of injury. The mechanism of injury was not noted. According to a progress note dated 7/16/14, the patient stated that her pain level was 8/10. She continued to be unable to lift/carry >3-5 pounds, perform repetitive bending, and was unable to walk longer than 5 minutes without rest due to flare-up of her chronic pain. She continued to complain of neck pain with limited ROM as well as low back pain. She continued to complain of sharp-shooting, burning pain in the left knee after walking. Diagnostic impression: lumbago, lumbar degenerative disc disease, headache syndromes, cervicgia. She stated good benefit with use of Norco and oxycodone as needed for flare-up of her pain. She continued to stay active with activities of daily living and continued to have significant pain relief. Objective findings: decreased neck ROM, tenderness of low back, upper and lower extremities strength 4/5, L3-S1 facet tenderness, painful ROM, decreased ROM of knees, intact sensory examination. Diagnostic impression: lumbago, lumbar degenerative disc disease, cervicgia, sciatica. Treatment to date: medication management, activity modification, acupuncture, lumbar ESI, TENS unit, surgery. A UR decision dated 6/10/14 denied the requests for gym membership, oxycodone, Norco, EMG, NCV, and orthopedic consultation. Regarding gym membership, there is no documentation that the patient is deconditioned and requires a structured environment to perform prescribed exercises. Regarding oxycodone and Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding EMG/NCV left lower extremity, there is no documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Regarding MRI of left knee, there is no documentation of objective findings and

nondiagnostic radiographs. Regarding orthopedic consultation, there is no documentation that diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127; Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 CLINICAL TOPICS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. According to a progress report dated 6/18/14, the provider is recommending an orthopedic consult to be evaluated for her chronic pain syndrome. Guidelines support consultations as the primary treating provider feels is necessary. Therefore, the request for Orthopedic Consultation was medically necessary.

EMG left 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, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines 9792.23.5 LOW BACK COMPLAINTS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER - EMG/NCV.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs 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. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. There was no documentation that the patient was experiencing any type of radicular pain. Her sensory examination was normal. In addition, there is no documentation that the patient has

failed conservative therapy. It is noted that medications and acupuncture help significantly with her pain and improve her activities of daily living. Therefore, the request for EMG left lower extremity was not medically necessary.

Gym Membership for 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Minnesota Worker's Compensation Treatment Parameter Rules, TP-59.

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, Gym Membership.

Decision rationale: CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for Gym Membership for 1 year was not medically necessary.

Oxycodone 5mg, qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Although the patient has stated that oxycodone is beneficial when she takes it as needed for flare-ups, the patient is also taking Norco as needed for flare-ups. Guidelines do not support the use of 2 short-acting opioid medications for breakthrough pain. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for oxycodone 5 mg, qty 30 was not medically necessary.

Norco 5/325mg, qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Although the patient has stated that Norco is beneficial when she takes it as needed for flare-ups, the patient is also taking oxycodone as needed for flare-ups. Guidelines do not support the use of 2 short-acting opioid medications for breakthrough pain. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 5/325mg, qty 120 was not medically necessary.

NCV of the left 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, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines 9792.23.5 LOW BACK COMPLAINTS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - EMG/NCV.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs 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. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. There was no documentation that the patient was experiencing any type of radicular pain. Her sensory examination was normal. In addition, there is no documentation that the patient has failed conservative therapy. It is noted that medications and acupuncture help significantly with her pain and improve her activities of daily living. Therefore, the request for NCV of the left lower extremity was not medically necessary.