

Case Number:	CM14-0121269		
Date Assigned:	08/06/2014	Date of Injury:	02/18/2014
Decision Date:	01/29/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/31/2014

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 Rehab, 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 47 year old male with an injury date of 02/18/14. Based on the 03/13/14 progress report, the patient complains of pain in the right gluteus that radiates to the right foot. He has numbness throughout the entire right leg with tingling in the bottom of his toes. He also has pain across his lower back. The 04/17/14 report states that the patient has mid epigastric pain. No further exam findings were provided on this report. The 06/27/14 report indicates that the patient has severe lumbar spine pain which he rates as a 7/10. His pain radiates to his right leg, right hip, buttocks, toes and feet. There is associated numbness, tingling, cramping, burning, throbbing, stabbing, aching, dull and sharp pain. He has limited range of motion. He suffers from depression, stress, anxiety, insomnia, and frustration. Wartenberg's Pinwheel examination reveals some dysesthesia on the right lower extremity. Straight leg raise is positive on the right and Kemp's test is positive on full extension of the lumbar spine. The 04/22/14 MRI of the lumbar spine revealed the following: 1. Mild L4-5 and L5-S1 degenerative disc disease. Mild right facet degenerative changes at L3-4 and L4-5 with subchondral cysts in the inferior articular facets of L3 and L4 respectively. There are also mild facet degenerative changes at L5-S1. Straightening of the lumbar lordosis may be positional or secondary to muscle spasm. The patient's diagnoses include the following: 1. Multi-level disc injury, lumbar spine 2. Lumbalgia 3. Radiculopathy, lumbar spine The utilization review determination being challenged is dated 07/02/14. Treatment reports were provided from 02/21/14- 05/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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), Independent medical examination and consultations, Chapter 7, page 127

Decision rationale: The patient presents with lower back pain which radiates to his right leg, right hip, buttocks, toes, and feet. The request is for a follow up visit. The rationale is that "since the multiple requests are not supported or appropriate, there would be no need for a follow-up office visit for re-evaluating the patient's response to the multiple requests. There was also no indication of the patient having any significant or severe positive objective physical examination findings that would require another regularly scheduled office visit." ACOEM Practice Guidelines, Second Edition (2004), page 127, has the following, "Occupational 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." The provider is requesting for a follow-up "not later than four to six weeks." The reason for the request was not provided. The treating physician is concerned as the patient has continually noted lumbar spine pain. Given the patient's condition, the request for a follow up appears reasonable. The requested follow up visit is medically necessary.

Chiropractic/physiotherapy plus manipulation 3 times per week for 4 weeks to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The patient presents with lower back pain which radiates to his right leg, right hip, buttocks, toes, and feet. The request is for chiropractic/physical therapy plus manipulation 3 times per week for 4 weeks to lumbar spine. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines page 98 and 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, there is no indication of the patient having any recent surgery. The 03/13/14 report states that the patient "has just started physical therapy." The 04/17/14 report states that the "patient denies any relief with his recently completed physical therapy sessions." The 05/27/14 report states that the patient has "completed 6 physical therapy sessions for his low back, which were somewhat helpful. An additional course has been authorized and [he] has

completed 2 of those 6 sessions." The patient has already had 8 sessions of physical therapy and has 4 more sessions authorized. An additional 12 sessions would exceed what is allowed by MTUS guidelines. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. The requested chiropractic/physical therapy plus manipulation is not medically necessary.

Urine Drug Screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Screening

Decision rationale: The patient presents with lower back pain which radiates to his right leg, right hip, buttocks, toes, and feet. The request is for a urine drug screen to "ensure it is safe for the patient to metabolize and excrete medications as prescribed." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, Official Disability Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first six months for management of chronic opiate use in low risk patients. The available medical records indicate that the patient is currently taking Ibuprofen, Tizanidine, Tramadol, Cyclobenzaprine, Omeprazole, and Hydrocodone/APAP. There are no prior urine drug screens provided for review, nor has the provider documented that the patient is at "high risk" for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. However, the patient is currently on Tramadol and Hydrocodone/APAP and monitoring of the opiate with once yearly UDS is recommended per guidelines. The requested urine drug screen is medically necessary.

X-Ray of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents with lower back pain which radiates to his right leg, right hip, buttocks, toes, and feet. The request is for an x-ray of the lumbar spine. The utilization review denial letter states that "the patient had previous diagnostic studies including x-rays of the low back that reportedly showed no fractures or subluxations." The date of this x-ray was not provided. For special diagnostics, ACOEM Guidelines page 303 states "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." The reason for this request was not provided. In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected fracture to warrant x-rays of the lumbar spine. In addition, the patient has already had a prior x-ray of the lumbar spine and there is no new injury to warrant an updated one. The requested X-ray of the lumbar spine is not medically necessary.

X-Ray of SI joints: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents with lower back pain which radiates to his right leg, right hip, buttocks, toes, and feet. The request is for an x-ray of SI joints. The 06/27/14 report states that the provider would like to "request x-rays of the lumbar spine to include the sacroiliac joints." For special diagnostics, ACOEM Guidelines page 303 states "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." The reason for this request was not provided. In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected fracture to warrant x-rays of the lumbar spine. In addition, the patient has already had a prior x-ray of the lumbar spine and there is no new injury to warrant an updated one. The requested X-ray of the SI joints 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents with lower back pain which radiates to his right leg, right hip, buttocks, toes, and feet. The request is for an electromyography (EMG) of the bilateral lower extremities "due to positive exam findings." Review of the reports does not indicate if the patient had a prior EMG of the lower extremities. For EMG, ACOEM Guidelines page 303 states, "Electromyography including H-reflex test may be useful to identify subtle, focal neurologic dysfunction, patient with low back pain lasting more than 3 or 4 weeks." The patient has had low back pain which radiates to his right leg, right hip, buttocks, toes and feet. There is associated numbness, tingling, cramping, burning, throbbing, stabbing, aching, dull and sharp pain. He has limited range of motion and Wartenberg's Pinwheel examination reveals some

dysesthesia on the right lower extremity. Straight leg raise is positive on the right and Kemp's test is positive on full extension of the lumbar spine. The patient has had low back pain as early as 02/21/14, which is "more than 3 or 4 weeks" as required by ACOEM Guidelines. The requested EMG of the bilateral lower extremities is medically necessary.

Nerve Conduction Studies (NCS) of the Bilateral Lower Extremities: 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) Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

Decision rationale: The patient presents with lower back pain which radiates to his right leg, right hip, buttocks, toes, and feet. The request is for an nerve conduction studies (NCS) of the bilateral lower extremities "due to positive exam findings." Review of the reports does not indicate if the patient had a prior NCS of the lower extremities. MTUS and ACOEM Guidelines do not discuss NCS. However, Official Disability Guidelines have the following regarding NCV studies, "Not recommended. There is no justification performing nerve conduction studies when the patient has presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures do have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy." In this situation, NCS studies are not recommended per Official Disability Guidelines if the patient has radicular symptoms presumed to be from lumbar spine. The provider does not raise any other concerns. The requested NCS of the bilateral lower extremities is not medically necessary.

Ibuprofen 800mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: The patient presents with lower back pain which radiates to his right leg, right hip, buttocks, toes, and feet. The request is for Ibuprofen 800 mg with 1 refill. The patient has been taking Ibuprofen as early as 02/21/14. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume but long-term use may not be warranted." MTUS page 60 also states that for medication use in chronic pain, pain and function need to be documented. The 03/05/14 report states that the patient's medications are "helping when he is not doing activity." There were no discussions specifically regarding Ibuprofen. There is no documentation provided in regards to how this medication has helped reduce the patient's pain and improved function. The requested Ibuprofen is not medically necessary.

Tizanidine 4mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex (Tizanidine), Medications for chronic pain Page(s): 66, 60, 61.

Decision rationale: The patient presents with lower back pain which radiates to his right leg, right hip, buttocks, toes, and feet. The request is for Tizanidine 4 mg #60 with 1 refill. The rationale is that "there was no objective muscle spasms occurring that would support the need for this medication." MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The 03/05/14 report states that the patient's medications are "helping when he is not doing activity." It appears as though this is the patient's first trial of Tizanidine. This medication is indicated for myofascial pain, low back pain, and fibromyalgia pain per MTUS. In this case, the patient has low back pain for which a trial of Tizanidine appears reasonable. The requested Tizanidine is medically necessary.

Omeprazole 20mg with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with lower back pain which radiates to his right leg, right hip, buttocks, toes, and feet. The request is for Omeprazole 20 mg with 1 refill to prevent gastric mucosa. The rationale is that there "is no indication of why the patient could not use an over-the-counter proton pump inhibitor." MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.) Ages greater than 65. 2.) History of peptic ulcer disease and GI bleeding or perforation. 3.) Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.) High-dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The available medical records indicate that the patient is currently taking Ibuprofen, Tizanidine, Tramadol, Cyclobenzaprine, Omeprazole, and Hydrocodone/APAP. The 03/13/14 report states that the "patient is also complaining of some stomach discomfort and bloating with the naproxen medication that he received." The 04/24/14 report says that "Omeprazole is giving him some relief from his stomach discomfort." The 04/17/14 report indicates that the patient had "some mid epigastric pain that [has] developed since taking Ibuprofen. He has taken a friend's omeprazole with some good relief. [He has] mild gastritis secondary to non-steroidal anti-inflammatory medications." In this case, the patient is taking NSAIDs and has documentation of "stomach discomfort and bloating" and "mid epigastric pain."

His prior use of Omeprazole has provided him with relief. Therefore, the requested Omeprazole is medically necessary.

Initial Laboratory panels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus/US National Library of Medicine/National Institute of Health

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lab Testing Page(s): 70.

Decision rationale: The patient presents with lower back pain which radiates to his right leg, right hip, buttocks, toes, and feet. The request is for an initial laboratory panel to "ensure it is safe for the patient to metabolize and excrete medications as prescribed." The utilization review denial rationale is that "there was no indication of any particular acute red flag findings or medical complications occurring that would support the need for these studies." The 05/27/14 report states "labs to include basic metabolic panel, Chem 8, hepatic function panel, creatinine phosphokinase, C-reactive protein, arthritis panel, and CBC." The MTUS, ACOEM, and Official Disability Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The patient's current medication includes Ibuprofen, Tizanidine, Tramadol, Cyclobenzaprine, Omeprazole, and Hydrocodone/APAP. In this case, the treating physician has requested lab work above and beyond the recommendations from the MTUS guidelines. CRP (C-Reactive Protein) is a blood test to measure inflammation and CPK (creatinine phosphokinase) is primarily testing for: heart attack, evaluate the cause of chest pain and for the detection of muscle damage, dermatomyositis, polymyositis and other muscle diseases. These tests are not recommended per MTUS as only the CBC, hepatic function and Chem 8 are supported. The requested initial laboratory panel is not medically necessary.