

Case Number:	CM14-0177068		
Date Assigned:	12/12/2014	Date of Injury:	03/12/2007
Decision Date:	01/15/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 Neurology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

On 11/10/14 report notes low back pain since 2007. There are symptoms in right leg more than left leg. Medications include Norco and Flexeril. Exam reports diminished lower extremity muscle stretch reflexes with no focal strength deficits. There is focal atrophy. EMG and NCV of the lower extremities were reported as normal. 3/7/14 note reports back pain. Pain is achy, dull, stabbing, cramping, and burning. It is rated 6/10. There is not fatigue, abdomen pain, nausea, vomiting, or history of drug or alcohol abuse. Tylenol is reported to "knock her out." Exam reports paraspinous and disc tenderness around S1. Neurovascular is intact. Assessment was sciatica with low back pain. Norco and Tylenol #2 was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with traction and home exercises 2-3 times per week for 12 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records indicate physical examination noting strength decrease and reduced range of motion. MTUS supports PT for identified deficits with goals of therapy but the medical records do not identify goals of therapy and does not demonstrate why 24-36 visits would be needed. MTUS supports 12 visits and for a formal PT evaluation. As such the medical records do not support the necessity of the PT therapy congruent with MTUS guidelines. Therefore the request is not medically necessary.

Pharmacogenetic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Genetic testing for potential opioid abuse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -pain, genetic testing

Decision rationale: The medical records do not indicate any side effects or lack of tolerance by the insured. There is no indication of aberrant medication use or hyperalgesia with the insured. ODG guidelines do not support genetic testing for pain medication. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. Given the medical records do not indicate any aberrant use of medication and do not indicate any screening tools suggestive of addiction or history of addiction, there is no indication for this testing congruent with ODG in support of medical necessity. Therefore the request is not medically necessary.

Neurosurgery evaluation for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 305. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127 and on the Non-MTUS Madigan Army Medical Center

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines -pain Page(s): 303-306.

Decision rationale: MTUS supports referral for specialty care referral for surgical consultation when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. The

medical records provided for review report diminished lower extremity muscle stretch reflexes with no focal strength deficits. EMG and NCV of the lower extremities were reported as normal. Congruent with MTUS, the medical records do not support medical necessity for referral to specialist. Therefore the request is not medically necessary.

EMG/NCS of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -lower extremity, EMG

Decision rationale: ODG guidelines support EMG for guidance when the diagnosis is not clearly radicular or there is progressive neurologic change. Specifically, it may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. The medical records do not reflect a condition of increasing neurologic findings regarding numbness in feet, or progressive sensory or motor. These findings do not support the necessity of EMG congruent with ODG to guide determination of etiology and prognosis for treatment consideration.