

Case Number:	CM14-0185819		
Date Assigned:	11/13/2014	Date of Injury:	06/02/2014
Decision Date:	01/02/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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 42 year old male with an injury date of 06/02/14. Based on the 09/11/14 progress report provided by treating physician, the patient complains of lumbar spine pain rated 6-8/10 that radiates to right hamstring with numbness to the right leg, and cervical spine pain rated 6-8/10 with mild spasms that radiates to right trapezius. Physical examination to the lumbar spine on 07/17/14 revealed tenderness to palpation to along the right L5-S1 paravertebral muscles and decreased sensation to the right lateral thigh. Examination of the cervical spine revealed tenderness along the right C3-4 and right upper trapezius. Per progress report dated 08/03/14, patient was given Soma and Norco on 06/02/14 at the emergency room, on the date of injury. The patient was prescribed Motrin, Flexeril and Norco per progress report dated 07/17/14. Initial urine drug screen was performed on 07/17/14. The patient is temporarily totally disabled per 09/11/14 progress report. The diagnosis dated 07/17/14 and 09/11/14 was cervical spine sprain/strain with multilevel disc/joint disease and stenosis per MRI; lumbar spine multilevel disc/joint disease with stenosis on MRI with right lower extremity radiculopathy and right shoulder myofascial pain syndrome. The utilization review determination being challenged is dated 10/31/14. Treatment reports were provided from 06/02/14 - 09/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Chiropractic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Pain Outcomes and Endpoints Page(s): 58-59; 8.

Decision rationale: The request is for 6 sessions of chiropractic therapy. The patient's diagnosis dated 07/17/14 and 09/11/14 revealed cervical spine sprain/strain with multilevel disc/joint disease and stenosis per MRI, lumbar spine multilevel disc/joint disease with stenosis on MRI with right lower extremity radiculopathy, and right shoulder myofascial pain syndrome. The patient was prescribed Motrin, Flexeril and Norco per progress report dated 07/17/14. The patient is temporarily totally disabled per 09/11/14 progress report. MTUS Guidelines pages 58-59 states, "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary." MTUS page 8 also requires that the provider monitor the treatment progress to determine appropriate course of treatments. The provider has not provided reason for the request. UR letter dated 10/31/14 states "previously 6 chiropractic sessions have been requested and approved." In this case, provider has not provided documentation of objective functional improvement, decrease in pain and improvement of quality of life, re-injury, and exacerbation of symptoms to warrant additional visits. The request is not in line with MTUS indication. Therefore, this request is not medically necessary.

EMG/NCS of bilateral lower extremities and lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, EMG studies

Decision rationale: The request is for EMG/NCS of bilateral lower extremities and lumbar spine. The patient's diagnosis dated 07/17/14 and 09/11/14 revealed cervical spine sprain/strain with multilevel disc/joint disease and stenosis per MRI, lumbar spine multilevel disc/joint disease with stenosis on MRI with right lower extremity radiculopathy, and right shoulder myofascial pain syndrome. The patient was prescribed Motrin, Flexeril and Norco per progress report dated 07/17/14. The patient is temporarily totally disabled per 09/11/14 progress report. ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Official Disability Guidelines, lumbar & thoracic (acute & chronic) chapter states: "EMG studies: Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999)" The provider has not provided reason for the request. UR letter dated 10/31/14 states "no documentation of any legible focal neurologic deficit in the lower extremities." However, the patient presents with lumbar spine pain that radiates to right

hamstring with numbness to the right leg, and has a diagnosis of lower extremity radiculopathy. There is no indication patient has had previous electrodiagnostic studies in review of medical records. Given the patient's leg symptoms, the request for EMG of the bilateral lower extremities appears reasonable and is indicated by guidelines. Therefore, this request is medically necessary.

Norco 10 #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for Use of Opioids; Criteria for Use of Opioids Page(s).

Decision rationale: The request is for Norco 10 #60 with 1 refill. Per progress report dated 08/03/14, the patient was given Soma and Norco at the emergency room on 06/02/14, the date of injury. The patient was prescribed Motrin, Flexeril and Norco per progress report dated 07/17/14. Initial urine drug screen was performed on 07/17/14. The patient is temporarily totally disabled per 09/11/14 progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The provider has not provided reason for the request. In this case, provider has not stated how Norco reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, this request is not medically necessary.

Flexeril 10 #30 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The request is for Flexeril 10 #30 with 1 refill. The patient was prescribed Motrin, Flexeril and Norco per progress report dated 07/17/14. The patient is temporarily totally disabled per 09/11/14 progress report. MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The provider has not provided

reason for the request. The patient has been prescribed Flexeril since progress report dated 07/17/14, which is more than 3 months from UR date of 10/31/14. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Furthermore, the request for quantity 30 plus 1 refill does not indicate intended short-term use. Therefore, this request is not medically necessary.