MAXIMUS Federal Services

Case Number:	CM14-0193731		
Date Assigned:	12/01/2014	Date of Injury:	11/05/2003
Decision Date:	01/21/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/19/2014

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 61 year old male with an injury date of 11/05/03. Based on progress report dated 10/17/14, the patient is status post failed back surgery (date not mentioned). The Utilization Review Denial letter states that the patient underwent bilateral laminectomy L5-S1 and bilateral lumbar discectomy on 02/04/4. Presently, he complains of pain and numbness in the low back that radiates to the left lower extremity. There is occasional pain in the right lower extremity as well. The throbbing, shooting, aching and burning pain is typically 4/10 but can go up to 8-9/10. It is exacerbated with physical activity. The patient is also experiencing weakness in bilateral extremities. Physical examination reveals mildly antalgic gait towards left. Range of motion is painful with flexion at 35 degrees, extension beyond neutral, right lateral bending at 20, and left lateral bending at 10. There is tenderness to palpation in the bilateral lumbosacral paraspinal muscles with spasms and myofascial trigger points. The patient also has decreased sensation in bilateral lower extremities in the L3 and L4 distributions, left greater than right. Straight leg raise is positive bilaterally. The patient is currently taking Gabapentin. Ibuprofen and Omeprazole, as per progress report dated 10/17/14. Patient has received physical therapy and ESI in the past which benefited him significantly, as per the same progress report. The patient has been allowed to return to modified work, as per progress report dated 09/30/14.Diagnoses, 10/17/14:- Failed postlaminectomy syndrome- Bilateral lower extremity radiculopathy in left L3 and L4 distributions- Degenerative disc disease with herniated nucleau pulposus at levels above previous fusion with ligamentum flavum hypertrophy and facet arthropathy- Chronic pain secondary to injury- Depression secondary to chronic pain- Spasm and myofascial trigger points- Left ankle pain- Left knee pain secondary to altered biomechanicsThe treater is requesting for (a) physiotherapy times 6 (b) motrin 800 mg # 60 (c) omeprazole 20mg # 60 (d) repeat emg/ncv bilateral lower extremities (e) lumbar epidural steroid injection. The utilization review

determination being challenged is dated 10/23/14. The rationale follows:(a) physiotherapy times 6 - "...There are no new objective findings or subjective complaints to support additional PT beyond the 3 that have already been authorized." (b) motrin 800 mg # 60 - "There is no mention patient gets any objective functional benefit from the use of ibuprofen."(c) omeprazole 20mg # 60 - "There is no mention of any active upper gastrointestinal complains or illnesses."(d) repeat emg/ncv bilateral lower extremities - "There is no red flag." (e) lumbar epidural steroid injection - "The report contains no new information to support the medical necessity."Treatment reports were provided from 04/15/14 - 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation ODG on line treatment guidelines for chronic pain

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

Decision rationale: The patient presents with pain and numbness in the low back, ranging from 4/10 to 8-9/10, that radiates to the left lower extremity, as per progress report dated 10/17/14. The request is for physiotherapy times 6. The patient is status bilateral laminectomy L5-S1 and bilateral lumbar discectomy on 02/04/04, as per Utilization Review Denial Letter. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In progress report dated 10/17/14, the treater states that "The patient has attended six sessions of physical therapy and had significant improvement in his lower back strength and relief of lumbar pain." The treater states that additional sessions will help strengthen lower extremities and learn home exercise program. The progress reports, however, do not document the date of the prior therapy. The UR letter, however, states that the patient has been recently approved for 3 sessions. The current request for 6 additional sessions may exceed what is allowed by MTUS in non-operative patients. This request IS NOT medically necessary.

Motrin 800 mg #60: Overturned

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 Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with pain and numbness in the low back, ranging from 4/10 to 8-9/10, that radiates to the left lower extremity, as per progress report dated 10/17/14. The request is for MOTRIN 800 mg # 60. The patient is status bilateral laminectomy L5-S1 and

bilateral lumbar discectomy on 02/04/04, as per Utilization Review Denial Letter. Regarding NSAID's, MTUS page 22 state "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The first prescription for Motrin is noted in progress report dated 06/20/14. The patient has been receiving the medication consistently since then. The treater does not discuss a change in pain scale or an improvement in function with the use of the Motrin. However,given the patient's work status and chronic pain for which oral NSAIDs are indicated, the medication can be taken at the treater's discretion. This request IS medically necessary.

Omeprazole 20 mg #60: 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): 68-69.

Decision rationale: The patient presents with pain and numbness in the low back, ranging from 4/10 to 8-9/10, that radiates to the left lower extremity, as per progress report dated 10/17/14. The request is for OMEPRAZOLE 20mg # 60. The patient is status bilateral laminectomy L5-S1 and bilateral lumbar discectomy on 02/04/04, as per Utilization Review Denial Letter. MTUS pg. 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The first prescription for NSAID Ibuprofen and Omeprazole were noted in progress report dated 06/20/14, and the patient has received the medications consistently since then. However, the treater does not discuss the need for Omeprazole. The patient is less than 65 years of age, and there is no documented history of gastrointestinal issues in the progress reports. The treater does not mention concurrent use of ASA, corticosteroids, and/or an anticoagulant as well. Given the lack of adequate documentation in terms of GI risk assessment, this request IS NOT medically necessary.

Repeat EMG/NCV bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262, 303.

Decision rationale: The patient presents with pain and numbness in the low back, ranging from 4/10 to 8-9/10, that radiates to the left lower extremity, as per progress report dated 10/17/14. The request is for REPEAT EMG/NCV BILATERAL LOWER EXTREMITIES. The patient is status bilateral laminectomy L5-S1 and bilateral lumbar discectomy on 02/04/04, as per Utilization Review Denial Letter. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In progress report dated 10/17/14, the treater states that the patient's "last neurodiagnostic studies were completed prior to his surgery. He has new complaints of weakness in his lower extremities and persistent lower extremity pain." While the actual date of previous EMG/NCV is not known, the patient's back surgery was in 2004. However, the patient has already been diagnosed with bilateral lower extremity radiculopathy. There is no new injury, and no progression of neurologic deficits. This request IS NOT medically necessary.

Lumbar epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with pain and numbness in the low back, ranging from 4/10 to 8-9/10, that radiates to the left lower extremity, as per progress report dated 10/17/14. The request is for LUMBAR EPIDURAL STEROID INJECTION. The patient is status bilateral laminectomy L5-S1 and bilateral lumbar discectomy on 02/04/04, as per Utilization Review Denial Letter.The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," As per progress report dated 10/17/14, the patient has received lumbar ESI on 05/29/14 which led to "over 50% improvement for 6 weeks." The treater states that the patient's lower back pain "has decreased significantly. He reports he is able to walk easier, walk longer, and sit for longer periods of time." In the same report the treater is requesting for a repeat ESI at L3 and L4 to "treat the inflammatory component of his lower back pain and left lower extremity pain." The treater also states that there is "bilateral lower extremity radiculopathy in the left L3 and left L4 distributions, left much greater than right, with weakness, diminished reflex, decreased sensation and significant findings on MRI." Since radiculopathy has been

confirmed with physical examination and MRI, and there has been 50% reduction in pain along with functional improvement from prior ESI as required by MTUS, this request appears reasonable. The request IS medically necessary.