

Case Number:	CM14-0200624		
Date Assigned:	12/11/2014	Date of Injury:	11/22/2004
Decision Date:	01/29/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/01/2014

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 65 year old female with an injury date on 11/22/2014. Based on the 09/30/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar or lumbosacral disc degeneration 2. Sprain and strains of lumbar region 3. Sacroiliac pain 4. Chronic pain syndrome 5. Other back symptoms 6. Myalgia and Myositis not otherwise specified According to this report, the patient complains of pain "across lower back, aggravated with movement, relief with rest, radiation of pain to BL toes, associated weakness, associated sensation changes of paresthesia/numbness of BL legs." Pain is rated as a 5/10. Pain level has remained unchanged since last visit. Physical exam reveals tenderness and tight muscle band at the bilateral lumbar paraspinal muscles, sciatic notch and bilateral SI joint. Lumbar facet loading, straight leg raising test, Gaenslen's test, and FABER test are positive. According to the treating physician, MRI of the lumbar spine on 06/21/2011 shows "bulging disc" and moderate degenerative joint disease in the lumbar region, bilateral intervertebral foraminal narrowing." EMG studies of the lower extremity on 8/29/2006 shows "Radiculopathy is seen at left L5." Reports of the MRI and EMG studies were not included in the file for review. Patient's treatments to date consist of Trigger Point Injection with 50% relief, Toradol injection with good relief, Acupuncture, and Lumbar ESI. The treatment plan is continues with medications, request for EMG/NCS, Lumbar MRI, biofeedback and more Acupuncture sessions. The utilization review denied the request for (1) EMG/NCV lower extremities, (2) Acupuncture, (3) MRI lumbar spine without contrast, (4) Biofeedback therapy, and (5) Fentanyl patch #10 on 10/30/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 06/21/2013 to 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter: Electrodiagnostic Studies.

Decision rationale: According to the 09/30/2014 report, this patient presents with low back pain associated with weakness, paresthesia, and numbness of bilateral legs. The current request is for repeat EMG/NCV lower extremities. Regarding repeat EMG/NCV, ACOEM states "If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Review of the reports show the patient had an EMG study done in 2006 with result of "Radiculopathy is seen at left L5." Per this report and the 09/02/2014 report, the patient "denies new weakness, new changes in sensation, bowel/bladder incontinence, no saddle anesthesia" and "no new injuries since last visit." In this case, the treating physician does not document any significant clinical changes of this patient's condition, no new injury or diagnosis is provided and there are no red flags documented to indicate the needs for a repeat EMG. The current request is not medically necessary.

Acupuncture (no quantity provided): 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 Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: According to the 09/30/2014 report, this patient presents with low back pain associated with weakness, paresthesia, and numbness of bilateral legs. The current request is for Acupuncture (no quantity provided). For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. Review of the provided reports indicates that this patient has had acupuncture treatments with improvement. The number of sessions completed and time frame of prior acupuncture treatments is unknown. In this case, the treating physician has documented that the patient had functional improvement with treatments; therefore, request was made for additional treatments. But the treating physician does not specify the numbers of visits requested and does not provide a medical rationale for the request. The current request is not medically necessary.

MRI lumbar spine without contrast: 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) low back chapter; Magnetic resonance imaging.

Decision rationale: According to the 09/30/2014 report, this patient presents with low back pain associated with weakness, paresthesia, and numbness of bilateral legs. The current request is for repeat MRI lumbar spine without contrast. Regarding repeat MRI study, ODG states "is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation)." Review of the reports shows no discussion to why the patient needs a repeat MRI of the lumbar spine when there no progression of neurologic deficit and no new injury. In this case, the request for a repeat MRI of lumbar spine is not supported by the ODG guidelines. The current request is not medically necessary.

Biofeedback therapy (no quantity provided): 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 Biofeedback Page(s): 24-25.

Decision rationale: According to the 09/30/2014 report, this patient presents with low back pain associated with weakness, paresthesia, and numbness of bilateral legs. The current request is for Biofeedback therapy (no quantity provided). Regarding biofeedback, MTUS states "Not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." Review of the provided reports does not show that the patient is scheduled for cognitive behavior therapy as required by the MTUS guidelines. Furthermore, there is no documentation found to support that the patient has muscle weakness that requires a strengthening program. In this case, the requested biofeedback sessions are not supported by the MTUS guidelines. The current request is not medically necessary.

Fentanyl 75 mcg/h patch #10: 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 Medications for chronic pain; criteria for use of opioids ; Duragesic Page(s): 44;60-61; 76-78;.

Decision rationale: According to the 09/30/2014 report, this patient presents with low back pain associated with weakness, paresthesia, and numbness of bilateral legs. The current request is for Fentanyl 75 mcg/h patch #10. The MTUS Guidelines page 44 states Duragesic (fentanyl transdermal system) is not recommended as a first line therapy. Duragesic is a trade name of fentanyl transdermal therapeutic system which releases fentanyl, a potent opioid, slowly to the skin. For chronic opiate use, 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 4As (analgesia, ADLs, adverse side effects, and aberrant 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. Fentanyl patch was first mentioned in the 06/21/2013 report; it is unknown exactly when the patient initially started using this patch. The treating physician states, the "patient denies any side effects associated with medication use" and "patient's pain is stable on current medication regimen. Patient is function well and has improved quality of life with current treatment." In reviewing the provided reports, there is documentation of pain assessment using a numerical scale describing the patient's pain. There is no documentation provided discussing functional improvement, ADL's or returns to work. No aberrant drug seeking behavior is discussed in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by the MTUS. Therefore, the request is not medically necessary.