

Case Number:	CM14-0208885		
Date Assigned:	12/22/2014	Date of Injury:	08/01/2012
Decision Date:	02/12/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine 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 injured worker (IW) is a 41-year-old man with a date of injury of August 1, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic intractable lower back pain; degenerative disc diseases lumbar spine; disc herniation lumbar spine; radiculitis bilateral lower extremities, left lower extremity at L4, L4, and S1; neuropathic pain; greater trochanteric bursitis bilateral hips; depression; and cervical radiculitis left upper extremity. Pursuant to the progress note dated November 14, 2014, the IW reports recent symptoms of numbness and tingling in the left upper extremity, greater on the right. Neck pain was sharp, rated 6-8/10. The pain was intermittent and worse with motions. Pain improves with rest. Examination of the cervical spine reveals positive Spurling's test. There is decreased sensation over the C6 nerve root distribution (index finger). Extension was 30 degrees with pain. There was pain with lateral bending to the right and left. Examination of the thoracic and lumbar spine reveals tenderness to the paralumbar musculature. He is unable to walk on tiptoes and heel walk. Examination of the bilateral lower extremities showed Positive straight leg raise test, and diminished sensation at L4, L5, and S1 nerve root distributions. There was tenderness over the greater trochanteric bursa. According to UR documentation, the IW had 18 certified physical therapy sessions, 24 acupuncture sessions, and 1 occupational therapy session. The treating physician in recommending MRI of the cervical spine, and electrodiagnostic studies of the bilateral upper extremities. He will be referred to a pain management specialist for possible cervical epidural injections X2. Refills will be provided for Omeprazole 20mg, and Diclofenac XR 100mg. The IW has been taking Diclofenac XR 100mg since May 29, 2014, according to a progress note with the same date. There were no detailed pain assessments or evidence of objective functional improvement associated with the ongoing use of Diclofenac. The current request is for retro Omeprazole 20mg #60, retro Diclofenac XR 100mg, MRI of the cervical spine, and EMG of the right and left upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the left and right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Magnet Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), EMG of the left and right upper extremities is not medically necessary. Cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some other problem other than cervical radiculopathy, but these studies can result in unnecessary overtreatment. EMG and nerve conduction velocity studies, including H reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms or both lasting more than three or four weeks. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative. The ODG indicates the EMGs are not necessary if radiculopathy is already clinically obvious. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after one month conservative therapy but are not necessary if radiculopathy is already clinically obvious. In this case, the injured worker's working diagnoses are chronic intractable low back pain; degenerative disc disease lumbar spine; distribution lumbar spine; radiculitis bilateral lower extremities; neuropathic pain; and serve over to delight his left upper extremity. Subjectively, the injured worker has complaints of numbness and tingling in the left upper extremity left greater than right. Physical examination is normal motor function with decreased sensation in the C6 nerve root. The injured worker was diagnosed with cervical radiculitis of the left upper extremity and neuropathic pain. The Official Disability Guidelines states EMGs are not necessary if radiculopathy is already clinically obvious. EMGs are used to obtain unequivocal evidence of radiculopathy after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. According to the ACOEM, there was no red flags anticipation of surgery or significant neurologic dysfunction. Consequently, absent clinical information to support bilateral left and right upper extremity EMG's according to the Official Disability Guidelines, EMG of left and right upper extremities is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Electromyography (EMG), Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, MRI

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines (ODG), MRI cervical spine is not medically necessary. The ACOEM enumerates the criteria for ordering imaging studies. They include, but are not limited to, emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; clarification of anatomy prior to when invasive procedure. The Official Disability Guidelines enumerate the criteria for magnetic resonance imaging. Indications include, but are not limited to, chronic neck pain, after three months conservative treatment, radiographs normal, neurologic signs or symptoms present. In this case, the injured worker's working diagnoses are chronic intractable low back pain; degenerative disc disease lumbar spine; distribution lumbar spine; radiculitis bilateral lower extremities; neuropathic pain; and serve over to delight his left upper extremity. Subjectively, the injured worker has complaints of numbness and tingling in the left upper extremity left greater than right. Physical examination is normal motor function with decreased sensation in the C6 nerve root. The injured worker was diagnosed with cervical radiculitis of the left upper extremity and neuropathic pain. The documentation does not contain a prior MRI of the cervical spine. The guidelines state MRIs are indicated with chronic neck pain, after three months of conservative treatment when neurologic signs or symptoms are present. However, there are no plain x-rays (radiographs) in the medical record. An MRI of the cervical spine is not indicated in the absence of plain x-rays. Consequently, absent clinical recommendations pursuant to the official disability guidelines, this request is not medically necessary.

Retroactive Omeprazole 20mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, NSAIDs and GI Effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), retroactive Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer or gastrointestinal (GI) bleeding; concurrent use of aspirin or corticosteroids; or high-dose/multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are chronic intractable low back pain; degenerative disc disease lumbar spine; distribution lumbar spine; radiculitis bilateral lower extremities; neuropathic pain; and serve over to delight his left

upper extremity. The documentation does not contain any comorbid conditions or past medical history compatible with peptic ulcer, GI bleeding or concurrent use of aspirin etc. Consequently, absent clinical documentation to support the ongoing use of Omeprazole and comorbid conditions, this request is not medically necessary.

Retroactive diclofenac XR 100mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects; Nonselective NSAIDs;

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Section, NSAI. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines (ODG), retroactive diclofenac XR 100 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are chronic intractable low back pain; degenerative disc disease lumbar spine; distribution lumbar spine; radiculitis bilateral lower extremities; neuropathic pain; and serve over to delight his left upper extremity. The documentation shows diclofenac was first prescribed on May 29 of 2014. The documentation does not contain diclofenac efficacy or evidence of objective functional improvement with its use. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. Studies show that when non-steroidal anti-inflammatory drugs are used more than a few weeks, they can recall or impair bone, muscle and connective tissue healing and perhaps cause hypertension. Non-steroidal anti-inflammatory drugs are not without risk. They can also cause gastrointestinal bleeding. Consequently, absent clinical documentation to support the long-term use of diclofenac in the absence of objective functional improvement, this request is not medically necessary.