

Case Number:	CM15-0005330		
Date Assigned:	01/16/2015	Date of Injury:	10/27/2014
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 is a 60-year-old male who reported injury on 07/17/2014; with the mechanism of injury being cumulative trauma. The documentation of 11/24/2014 revealed the injured worker's prior treatments included massage and chiropractic therapy. The injured worker had an MRI of the low back in 08/2014. The injured worker presented for a comprehensive orthopedic evaluation. The injured worker complained of continuous nagging pain in the low back often becoming sharp and shooting. The pain traveled to his legs and feet, and more so on the left. The injured worker had associated episodes of numbness and tingling in the legs. The injured worker complained of constant aching and weakness in the legs, which the injured worker indicated traveled from low back pain. The injured worker had complaints of continuous aching in the knees, at times becoming sharp, shooting and burning. The injured worker had clicking, popping and locking of the knees. The injured worker had swelling episodes of the knee. The injured worker as noted to undergo surgery on his left knee in 1992. The specific medications were not provided; however, it was documented the injured worker was taking prescribed medications and anti-inflammatory medications. The injured worker was noted to be a smoker. The physical examination revealed tenderness and spasm of the paravertebral musculature. The sciatic notch area was tender. The injured worker could toe and heel walk, with pain. The injured worker squatted with pain, and range of motion revealed spasm and tenderness. The supine straight leg raise was 90 bilaterally with no back pain. The straight leg raise was similar, and Lasegue's test was negative. The strength test was 5/5. The sensory function was noted to be decreased with pain on the left lateral leg at the level of L5. The deep

tendon reflexes were within normal limits. The injured worker had right knee with patellar crepitus on flexion and extension, and pain with patellar compression. There was medial and lateral joint line tenderness. The injured worker had a positive McMurray's test in the right. The injured worker underwent 4 view x-rays of the lumbar spine, which revealed no fractures, dislocations or other abnormality. The flexion/extension views revealed loss of motion segment integrity at L5-S1. There x-ray examinations of the bilateral knees. The left knee revealed significant loss of joint space medially. There was a lesser extent of joint space loss on the right. The sunrise view showed posterior patellar spurring with no evidence of fracture, dislocation or abnormalities. Documentation indicated the injured worker had an MRI of the lumbar spine on 08/19/2014, which revealed spondylitic changes, moderate at L5-S1, and mild at L3-4 and L4-5. At L3-4, there was a 3 mm protrusion noted with indentation of the anterior thecal sac. At L4-5, there was a 7 mm protrusion with mild to moderate central and bilateral neural foraminal stenosis. At L5-S1 there was a 5 mm bulge with mild bilateral neural foraminal stenosis at that level. The physician opined there was a large disc bulge at L4-5 contacting the anterior thecal sac. At L5-S1, there was almost total collapse of the disc with extensive reactive endplate disc changes in L5 and to a lesser extent at S1. The axial view revealed relative preservation of the neural foramina at L5-S1. The physician further opined at L4-5 there was a posterior element of hypertrophy contributing to bilateral foraminal stenosis, as well as mild central stenosis. The diagnoses included lumbosacral radiculopathy, and bilateral knee tendonitis and bursitis. The treatment plan included neuro diagnostic studies of the lower extremities due to radicular pain and weakness to distinguish radiculopathy from peripheral nerve entrapment. The request was for 12 sessions of therapy as it was indicated the injured worker had only passive modalities of physiotherapy previously. Additionally, the request was made for Relafen 750 mg twice per day as needed, Prilosec 20 mg twice per day for gastric prophylactic, and tramadol ER 150 mg per day for breath through pain and 5 refills in order to reduce expense of continuous requests. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index; Low Back Chapter, EMGs, NCS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS)

Decision rationale: The American College of Occupational and Environmental Medicine states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in injured worker with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had undergone prior therapy. However, there was a lack of documentation of the duration of therapy, type of

therapy and body part that was treated, as well as the injured worker's response to therapy. The documentation indicated the injured worker had decreased sensation at L5. However, without the documentation of specific conservative care and the duration of conservative care, this portion of the request would not be supported. The California MTUS and ACOEM Guidelines do not specifically address nerve conduction velocities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend nerve conduction studies as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The clinical documentation indicated the request was made to evaluate the radicular findings and the weakness, and to distinguish central radiculopathy from possible peripheral nerve entrapment. The clinical documentation submitted for review would support the necessity for nerve conduction studies and the EMG if there was documentation of a failure of conservative care and the duration of conservative care was provided. Additionally, the request was submitted concurrently with a request for physical therapy, which would not indicate that there was a failure of conservative care. Given the above, the request for NCV/EMG of the bilateral lower extremities is not medically necessary.

12 sessions of Physical Therapy for Lumbar Spine (3x for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits for the treatment of neuralgia, neuritis or radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. However, there was a lack of documentation of the quantity of sessions, as well as the objective functional benefit that was received and the remaining objective functional deficits. The request for 12 additional sessions would be excessive. Given the above, the request for 12 sessions of physical therapy for lumbar spine (3x for 4 weeks) is not medically necessary.

12 sessions of Physical Therapy for Right Knee (3x for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits for the treatment of neuralgia, neuritis or radiculitis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. However, there was a lack of documentation of the quantity of sessions, as well as the objective

functional benefit that was received and the remaining objective functional deficits. The request for 12 additional sessions would be excessive. Given the above, the request for 12 sessions of physical therapy for right knee (3x for 4 weeks) is not medically necessary.

Tramadol/ultram ER 150mg #60 + 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management, Page(s): 60; 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behaviors and side effects. Additionally, while the request was made for 5 refills and this medication is an opiate there was a lack of documentation submitted for review supporting a necessity for refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol/ultram ER 150mg #60 + 5 refills is not medically necessary.