

<b>Case Number:</b>	CM15-0100747		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New Jersey, New York

Certification(s)/Specialty: Family Practice

### 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 33-year-old male, who sustained an industrial injury on 6/7/13. He has reported initial complaints of low back pain after lifting a 20-pound electric saw at work. The diagnoses have included lumbar strain/sprain, lumbar degenerative disc disease (DDD), lumbar spondylolisthesis with facet inflammation and spasm of the muscle. Treatment to date has included Ibuprofen, diagnostics x-ray of the lumbar spine, spinal traction, home exercise program (HEP), chiropractic 3-4 sessions to date, hot and cold wraps, and low back brace. Currently, as per the physician progress note dated 4/30/15, the injured worker complains of constant low back pain rated 7/10 on pain scale. He reports that he wears a low back brace and does not use a device to ambulate. He reports that the pain radiates to the bilateral toes, the change in weather bothers him, he has loss of motion, he limps when he walks, he reports numbness, tingling and cramping, he reports weakness below the knee and falling episodes and associated symptoms of depression, gastrointestinal problems, trouble falling asleep and loss of concentration. The diagnostic testing that was performed included x-ray of the lumbar spine. The report was not included with the records. The physical exam of the low back and lower extremities reveals that he can squat half way, lumbar flexion is 40 degrees, extension is less than 10n degrees with discomfort, and lateral tilting is 10 degrees bilaterally. There is tenderness across the lumbar paraspinal muscles, pain with facet loading and pain along the facets. He is not taking any medications at the current time. There is no previous therapy sessions noted in the records. The physician requested treatments included Pantoprazole 20mg #60, EMG/NCS of the bilateral lower extremities, Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast, 4 lead transcutaneous electrical nerve stimulation (TENS) unit with a conductive garment and 12 Chiropractic manipulation sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pantoprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms, cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI.

**Decision rationale:** The request for Pantoprazole is not medically necessary. The patient has also been prescribed Naproxen but there was no documentation of GI symptoms, GI risk factors, or history of GI disease. There was no rationale on why Pantoprazole was prescribed, as it is not the first-line PPI to use. Long-term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

### **EMG/NCS of the bilateral lower extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309.

**Decision rationale:** The request for an EMG/NCS of the lower extremities is not medically necessary. EMG is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. Although in the chart mentions that he had lower back pain, there was no documented neurologic deficit on physical exam. The patient had no documented deficits in sensation and strength of bilateral lower extremities and no corroboration with radiographic findings. Therefore, the request is considered not medically necessary.

### **MRI of the lumbar spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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, MRI.

**Decision rationale:** The request for a repeat MRI is medically unnecessary. The MTUS does not address repeat MRIs. According to ODG guidelines, repeat MRIs are not recommended

unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no clear documentation of worsening symptoms or signs, progressing neurological deficits, and red flags. The patient has had lower back pain with radiculopathy to lower extremities with similar exam findings. There has been no change. Because of these reasons, the request for a repeat lumbar MRI is medically unnecessary.

**4 lead TENS unit with a conductive garment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): pp 114-116.

**Decision rationale:** The request is considered not medically necessary. The request for a TENS/EMS unit is not medically necessary. The criteria for use of a TENS unit includes evidence of failed pain modalities including medication. As per the chart, an NSAID improved pain. A one-month trial of the TENS unit should also be documented. There was no documentation of a trial. A treatment plan with short and longer-term goals was not documented as well. A 2-lead unit is usually recommended. There was no rationale as to why a 4-lead unit was requested. Therefore, the request is considered not medically necessary.

**12 Chiropractic manipulation sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The request is considered not medically necessary. According to the chart, the patient had chiropractic care. The patient did not have improvement in pain and increased functional capacity was not documented. MTUS guidelines state that elective/maintenance care is not medically necessary for the low back. If a reoccurrence or flare-up occurs, there needs to be a re-evaluation of treatment success. If the patient has returned to work, then 1-2 visits, every 4-6 months. Twelve sessions are not warranted. Given these reasons, the request is considered not medically necessary.