

Case Number:	CM15-0101107		
Date Assigned:	06/03/2015	Date of Injury:	11/10/2014
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	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 38-year-old male, who sustained an industrial injury on 11/10/14. The injured worker has complaints of neck pain and burning pain in the low back that radiates down the lower extremities, extending down his legs, more on the left. The documentation noted on examination that the injured workers gait is antalgic and his toe and heel walk are compromised on the right. There is mild tenderness bilaterally in the trapezii and the midline base of the cervical spine is tender. The diagnoses have included cervical sprain/strain; hyperflexion / hyperextension injury; L5-S1 (sacroiliac) discopathy and disc herniation syndrome with radiculopathy on the right. Treatment to date has included physical therapy; injections and prilosec. The request was for aquatic therapy 8 visits; prilosec 20mg #60; retrospective intramuscular injection consisting of 1cc of depo-medrol and 2cc of kenalog with a date of service of 4/20/2015; retrospective intramuscular injection consisting of 2cc of toradol with a date of service of 4/20/2015 and electromyography/nerve conduction velocity studies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy; 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: The request is considered not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is desirable. There is no documentation that the patient has physical findings requiring an alternative to land-based therapy. The patient is weight-bearing and able to ambulate although with an antalgic gait. There is no documentation that the patient had failed land-based therapy. The patient had improved with physical therapy and was doing a home exercise program. Therefore, aquatic therapy is not medically necessary at this time.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Medications and gastrointestinal symptoms Page(s): 68.

Decision rationale: The request for Prilosec is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.

Retrospective intramuscular injection consisting of 1cc of depo-medrol and 2cc of kenalog with a DOS of 4/20/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: The lumbar trigger point injections are not medically necessary. The patient does not have documented failure from medical management therapies. He did not have documentation of the effects of the anti-inflammatory of muscle relaxant on his back pain. He had improvement with physical therapy, therefore it cannot be said that he failed conservative therapy. He also does not have documented acute radicular which may benefit from IM injections. Therefore, the request is not medically necessary.

Retrospective intramuscular injection consisting of 2cc of toradol with a DOS of 4/20/2015:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, Toradol is not indicated for chronic pain conditions. There was no documented significant acute episode of pain that would benefit from Toradol. Therefore, the request is not medically necessary.

EMG/NCV studies of the bilateral 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): 303-304, 309.

Decision rationale: The request for an EMG/NCV of the lower extremities is not medically necessary. Electrodiagnostic testing 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 with radiation, 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 not medically necessary.