

Case Number:	CM15-0141088		
Date Assigned:	07/30/2015	Date of Injury:	04/20/2013
Decision Date:	09/23/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 20, 2013. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve requests for lumbar MRI imaging, electrodiagnostic testing of the bilateral lower extremities, a topical compounded agent, a dietary supplement, and 12 sessions of physical therapy. The claims administrator referenced an RFA form received on June 22, 2015 in its determination, along with a progress note dated May 28, 2015. The applicant's attorney subsequently appealed. On a May 28, 2015 progress note, the applicant reported ongoing complaints of low back pain, 6/10. The applicant was asked to pursue 12 sessions of physical therapy. Tramadol, Trepadone, a topical compounded medication, lumbar MRI imaging, and electrodiagnostic testing were sought while the applicant was placed off of work, on total temporary disability. There was no mention of how the proposed lumbar MRI would influence or alter the treatment plan. The applicant did exhibit positive right-sided straight leg raising and lumbar paraspinal tenderness with no reported changes on neurovascular exam. The applicant's past medical history was not detailed. The applicant was given a diagnosis of lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309; 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 848 4.

Decision rationale: No, the request for electrodiagnostic testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, EMG testing is deemed "not recommended" for applicants who carry a diagnosis of clinically-obvious radiculopathy. Here, the applicant was, per the May 28, 2015 progress note at issue, given an operating diagnosis of lumbar radiculitis, seemingly obviating the need for the EMG component of the request. The MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA nerve conduction testing) is deemed "not recommended" in absence of some compelling evidence of tarsal tunnel syndrome or other entrapment neuropathy. Here, however, there was no mention of the applicant's carrying a diagnosis of tarsal tunnel syndrome or entrapment neuropathy. Lumbar radiculopathy appeared to be the sole item on the differential diagnosis list. While the Third Edition ACOEM Guidelines Chronic Pain Chapter does support nerve conduction studies in individuals in whom there is a suspicion of generalized peripheral neuropathy, here, again, there was no mention of the applicant's carrying a suspected diagnosis of generalized peripheral neuropathy. There was no mention of the applicant's carrying a diagnosis or disease process such as diabetes mellitus, hepatitis, hypothyroidism, alcoholism, etc., which would have heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Lumbar radiculopathy, again, appeared to represent the sole item on the differential diagnosis list. Therefore, the request was 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 - 304, table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Similarly, the request for lumbar MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in

which surgery is considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the study in question. It was not stated how (or if) the proposed lumbar MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.

Compound cream HNPC1 - Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5%/Hyaluronic Acid 0.2%, 210 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for a topical compounded amitriptyline-gabapentin-bupivacaine-hyaluronic acid cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Trepadone, 120 count: 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), Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 926.

Decision rationale: Similarly, the request for Trepadone, a dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements such as Trepadone are "not recommended" in the chronic pain context present here as there was no evidence of their efficacy. The attending provider failed to furnish a clear or compelling rationale for selection of Trepadone, a dietary supplement, in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

Physical therapy, twice weekly for six weeks: 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: Finally, the request for 12 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represents treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvements at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's failure to return to work, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim, coupled with the applicant's dependence on opioid agents such as tramadol, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of the same. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.