

Case Number:	CM15-0182446		
Date Assigned:	09/23/2015	Date of Injury:	01/20/2010
Decision Date:	11/20/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/15/2015

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 York

Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial-work injury on 1-20-10. A review of the medical records indicates that the injured worker is undergoing treatment for post laminectomy syndrome. Medical records dated 7-27-15 indicate that the injured worker complains of sensory changes in the legs and pain in the upper back and neck region. The injured worker states that the pain is limiting his ability to perform his activities of daily living (ADL). The medical records dated 2-9-15 to 5-21-15) the injured worker complains of increased symptoms and the cool weather making the pain increase and he states that the pain is so bad that he is unable to work. The pain is rated 7 out of 10 on pain scale. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 7-27-15 the injured worker is permanently disabled. The physical exam dated 7-27-15 reveals that the injured worker exhibits significant pain behavior. He sands to a normal station, has a steady gait, and is able to balance on his toes as well as his heels and squat to the floor. The range of motion in the lumbar spine continues to be severely limited. The physician indicates, "despite having essentially normal physical exam, he believes that his concerns are consistent and persistent and warrant further imaging." Treatment to date has included pain medication including Norco and Naprosyn, Prilosec since at least 2014, lumbar surgery years ago, diagnostics, physical therapy, activity modifications, off of work and other modalities. There are no diagnostic reports noted in the records. The request for authorization date was 8-21-15 and requested services included Prilosec 20mg #30, Magnetic Resonance Imaging (MRI) scan of lumbar spine, EMG (electromyography) of bilateral lower extremities, and NCV (nerve conduction velocity) of

bilateral lower extremities. The original Utilization review dated 8-28-15 non-certified the request for Prilosec 20mg #30 as per the guidelines there is no documentation that the injured worker is at increased risk for gastrointestinal events. The request for Magnetic Resonance Imaging (MRI) scan of lumbar spine, EMG (electromyography) of bilateral lower extremities, and NCV (nerve conduction velocity) of bilateral lower extremities was non-certified as the request for computerized axial tomography (CT scan) of the lumbar spine was certified and per the guidelines the test results should be assessed first before considering additional testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Prilosec are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaint in this injured worker. Based on the available information provided for review, the request for Prilosec is not medically necessary and has not been established.

MRI scan of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter- Magnetic resonance imaging (MRI).

Decision rationale: As per Official Disability Guidelines (ODG) - MRI (magnetic resonance imaging) is indicated for Lumbar spine trauma: trauma, neurological deficit, Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), Uncomplicated low back pain, suspicion of cancer, infection, other "red flags". Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit, Uncomplicated low back pain, prior lumbar surgery, Uncomplicated low back pain, cauda equina syndrome, Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset, Myelopathy, stepwise progressive, Myelopathy, slowly progressive, Myelopathy, infectious disease patient, Myelopathy, oncology patient. Repeat MRI: When there is significant change in symptoms and/or findings suggestive

of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs, and the treating provider notes no changes in neurological exam, and there are no red flags. Therefore, the request for repeat MRI Lumbar spine is not medically necessary or appropriate.

EMG (electromyography) of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- Electrodiagnostic testing (EMG/NCS).

Decision rationale: Guidelines state, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMG's (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The injured worker complains of sensory changes in the legs and pain in the upper back and neck region. The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. The associate was not presented as having radiculopathy and there were no symptoms or findings that define evidence of a peripheral neuropathy. There was insufficient information provided by the attending health care provider to associate or establish the medical necessity or rationale for the requested electrodiagnostic studies. The requested treatment: EMG (electromyography) of the bilateral lower extremities is not medically necessary.

NCV (nerve conduction velocity) of bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- Electrodiagnostic testing (EMG/NCS).

Decision rationale: The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The injured worker complains of sensory changes in the legs and

pain in the upper back and neck region. The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. The associate was not presented as having radiculopathy and there were no symptoms or findings that define evidence of a peripheral neuropathy. There was insufficient information provided by the attending health care provider to associate or establish the medical necessity or rationale for the requested electrodiagnostic studies. The requested treatment: NCV (nerve conduction velocity) of the bilateral lower extremities is not medically necessary.