

Case Number:	CM15-0187972		
Date Assigned:	09/29/2015	Date of Injury:	11/12/2013
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This is a 41 year old female with a date of injury on 11-12-13. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and lower back pain. On 6-23-15 she reported lower back pain with numbness and tingling to the right lower extremity. Progress report dated 8-25-15 reports continued complaints of lower back pain that is constant, moderate to severe and disabling. She is unable to do her activities of daily living due to the pain. Subjective findings: she is unable to walk on tip toe and heel walk, range of motion appears normal. Work status: temporarily totally disabled as of 8-25-15 to 9-24-15. Treatments include: medication, chiropractic, acupuncture, physical therapy and 6 injections. MRI of the lumbar spine reveals disc desiccation L5-S1, anterolisthesis of L5 on S1 and disc herniation at L5-S1 with narrowing of right lateral recess with contact on the right S1 nerve root. Request for authorization dated 9-15-15 was made for MRI of lumbar spine, EMG NVC bilateral lower extremities, diclofenac XR 100 mg quantity 60, omeprazole 20 mg quantity 60 and functional capacity assessment for implement rating. Utilization review dated 9-22-15 non-certified all the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine qty. 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Low Back Procedure Summary Online Version last updated 07/17/2015.

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 Chapter--Magnetic resonance imaging (MRI).

Decision rationale: As per Official Disability Guidelines (ODG) - MRI (magnetic resonance imaging) is indicated for Lumbar spine 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 (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). The injured worker complains lower back pain with numbness and tingling to the right lower extremity. As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs, no documentation of concerning changes in her neurological exam, and there are no red flags. Without such evidence and based on guidelines cited, the request for MRI of the Lumbar spine is not medically necessary and appropriate.

Electromyography (EMG)/nerve conduction velocity (NCV) bilateral lower extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary Online Version last updated 07/17/2015.

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- Electrodiagnostic testing (EMG/NCS).

Decision rationale: The California MTUS/ACOEM 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. 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 lower back pain with numbness and tingling to the right lower extremity. The objective findings on examination did not include evidence of concerning neurologic dysfunction such as sensory, reflex, or motor system change. 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 establish the medical necessity or rationale for the requested electrodiagnostic studies. The request for an EMG/NCV of the bilateral lower extremities is not medically necessary and appropriate.

Diclofenac XR 100mg qty. 60: 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 (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- Anti-inflammatory medications.

Decision rationale: Voltaren (Diclofenac Sodium) is classified as a non-steroidal anti-inflammatory drug (NSAID). According to California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are "recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors". Under back pain - chronic low back pain, it is "recommended as an option for short term symptomatic relief" and "that non-steroidal anti-inflammatory drugs (NSAIDs) were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants". Review of the received medical records do not indicate that Voltaren (Diclofenac Sodium) is providing any specific analgesic benefits, such as percent pain reduction or reduction in pain level, or any objective functional improvement. In addition, there is no documentation of why the injured worker is being prescribed Voltaren. Therefore, based on the Guidelines and submitted medical records, the request for Voltaren XR 100mg #60 is not medically necessary.

Omeprazole 20mg qty. 60: 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 Omeprazole 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. Also Diclofenac XR has not been determined medically necessary and appropriate. The medical necessity for Omeprazole 20mg qty.60 has not been established.

Functional capacity assessment for impairment rating: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG-TWC Fitness for duty Procedure Summary last updated 03/26/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Work conditioning, work hardening.

Decision rationale: A number of functional assessment tools are available, including functional capacity exams and videotapes. Most assess general functioning, but modifications to test work-related functioning are under development or can be created by the clinician. ODG states valid Functional Capacity Evaluation (FCE) should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs. Within the medical information available for review, the injured worker has chronic pain and there is no indication the injured worker is close or at maximum-medical-improvement (MMI). There is no documentation of prior unsuccessful return-to-work (RTW) attempts. Medical records lack information about job description, physical demand level and specific work-related tasks. Also records do not document injured worker's return to work goals. The medical necessity of the requested treatment: Functional capacity assessment for impairment rating has not been established.