

<b>Case Number:</b>	CM15-0190812		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	09/25/2001
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female, who sustained an industrial injury on 9-25-01. She is diagnosed with L4-L5 and L5-S1 discopathy. Her work status is modified duty and is temporary partial disability. Notes dated 6-17-15 - 8-28-15 reveals the injured worker presented with complaints of severe, constant low back pain that radiates to the lower extremities with occasional numbness and tingling. The pain is described as aching, burning and stabbing and is rated at 5-9 out of 10. The pain is increased by bending, twisting and turning, prolonged sitting, standing and walking. She reports difficulty engaging in activities of daily living such as; self-care and personal hygiene, urination and bowel movements, brushing her teeth, combing her hair, communicating, hearing, seeing, touch, sitting, standing, reclining, walking and climbing stairs. Physical examinations dated 6-17-15 - 8-28-15 revealed tenderness to palpation of the lumbar paraspinals and spasms. There is sensory deficit noted in the lower extremities; reflexes and strength are within normal limits. Her medications have included; Tramadol is not beneficial, Norco, Motrin and Ultracet. She has engaged in physical therapy, acupuncture and injections (the therapeutic response was not addressed). Diagnostic studies to date have included urine toxicology screen, lumbar MRI, and lumbar x-rays (reveal foraminal narrowing and a very slight anterolisthesis at L5-S1), per note dated 7-31-15. A request for authorization dated 7-31-15 for acupuncture 8 session (2x4) is modified to 4 sessions, and EMG-NCV bilateral lower extremities, aqua therapy 8 sessions (2x4), Flurbiprofen-diclofenac-Gabapentin-Lidocaine cream, Mobic 7.5 mg #60 with 1 refill, Tramadol HCL-Acetaminophen 37.5-325 mg #60 with 2 refills are non-certified, per Utilization Review letter dated 9-3-15.

## 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: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMGs (electromyography); Nerve Conduction Studies (NCS).

**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, NCS/EMG.

**Decision rationale:** According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. According to ODG Guidelines, EMG/NCS topic, it is stated that this testing is recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states, "NCS is not recommended, but EMG is recommended as an option (needle to surface) to obtain unequivocal evidence of radiculopathy, after 1-month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." Within the submitted records, there is recent worsening of lower extremity radicular pain failing conservative management to include therapeutic exercise and medications. At this time, the request is reasonable as updated studies may guide future management to include interventional/invasive procedures. This request is medically necessary.

### **Acupuncture, eight (8) visits, (2x6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** According to the MTUS guidelines, acupuncture can be considered when pain medications are not tolerated, or reduced. It may also be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Typical time frame needed to produce functional benefit is 3-6 sessions. Within the submitted records there is mention of previous treatment with acupuncture, but the specific response to past treatments were not specified in recent PR-2 notes. As such, ongoing acupuncture treatments cannot be considered medically necessary and the request is not medically necessary.

### **Aqua therapy, eight (8) sessions (2x4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

**Decision rationale:** CA MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Within the submitted records, there is no mention that reduced weight bearing is indicated for the injured worker. As such, this request does not coincide with guidelines and is not medically necessary.

**Flurbiprofen/Diclofenac/Gabapentin/Lidocaine cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. The current requested topical medication includes Flurbiprofen and Diclofenac (both NSAIDs); and the MTUS does not recommend NSAIDs for topical treatment of neuropathic pain. Furthermore, the medication contains Gabapentin, which is not supported for topical use by the MTUS. This request as such, is rendered not medically necessary.

**Mobic 7.5mg (1) BID #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should be considered initial therapy in those with mild to moderate osteoarthritic pain. Within the submitted records, previous treatments were noted to include medications, including NSAIDs, since injury. There is no clear significant response to NSAIDs as it pertains to function, ability to perform activities of daily living, and/or reductions in VAS pain scores. Long-term use of NSAIDs is not recommended. This request is not medically necessary.

**Tramadol HCL & ACET 37.5-325mg one(1) q6-8hrs pm #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The California MTUS guidelines allows for the use of opioid medication, such as Tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting improvement in participation of activities of daily living, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment, and discussion of monitoring for aberrant drug taking behavior (The 4 A's - Analgesia, Activities of Daily Living, Aberrant drug taking behavior, Adverse side effects). Within the submitted records, there is no recent mention of significant pain score reductions with the use of Tramadol. There is no documented significant enhancement in the ability to perform activities of daily living. As such, this request is not medically necessary.