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| Case Number: | CM15-0192004 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 02/26/2009 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 09/25/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male who sustained an industrial injury on 02/26/2009. Medical records indicated the worker was treated for chronic intractable lower back pain, multi-level herniated discs lumbar spine, radiculitis right lower extremity, neck pain with cervical radiculitis, and rule out depression. The worker is also diabetic. In the provider notes of 09-04-2015, the worker: "continues to complain of severe pain in his lower back with numbness to his upper and lower extremities." "He states he loses his balance. He states he has fallen several times." Evaluation of the worker noted the cervical spine was normal in appearance and had normal lordosis and negative Spurling's test. He had negative tenderness and spasm in the paracervical musculature. Motor testing was 5 out of 5 to all muscle groups of upper extremities. Neurologically, the worker had diminished sensation C5 and C6 nerve root distribution. The range of motion of the cervical spine was Flexion documented as normal Extension was likewise normal. Lateral bend to the left and to the right were 30 degrees respectively. Rotation of the cervical spine was normal. Reflexes were 2+ in right and left biceps, triceps, with reflexes 2+ bilaterally, and 2+ in the left and right brachia radialis. In the lower extremities the gait is antalgic and he walks with a cane. There is normal lordotic curvature, and negative tenderness in the paralumbar, parathoracic musculature and negative tenderness in the posterior superior iliac spine region, negative tenderness in the sacroiliac joints, negative muscle spasming in the paralumbar musculature. Range of motion was painful in all planes. Lateral tilt both right and left were 30 degrees with pain, rotation bilateral was 30 degrees with pain. There was a negative straight leg raise in the supine and sitting position bilaterally. The worker had diminished

sensation in L2, L3, and S1 nerve root distribution of the bilateral lower extremities. The worker was alert and oriented x3 with a normal mood and affect. The treatment plan is to refer for a spine surgery second opinion consultation, a psych evaluation and treatment for his depression. New MRI studies of the cervical and lumbar spine with electrodiagnostic testing for radiculitis was planned. Medications of Diclofenac and Omeprazole were prescribed, and a functional capacity assessment was determined to be indicated for an accurate impairment rating. Past MRI of the lumbar spine was done 09-19-2015, and MRI of the cervical spine was 09-21-2015. Report dated October 2, 2015 indicates that the patient anti-inflammatory medication gives him "functional improvement and pain relief." A request for authorization was submitted for: 1. Spine surgery second opinion consults with a neurosurgeon. 2. Psych evaluation and treatment. 3. MRI of cervical spine. 4. MRI of lumbar spine. 5. Electromyography of the upper extremities. 6. Electromyography of the lower extremities. 7. Diclofenac XR 100mg #60. 8. Omeprazole 20mg #60. 9. Functional capacity assessment to determine an accurate impairment rating with doctor of chiropractic. A utilization review decision 09-25-2015 Authorized: Spine surgery second opinion consult with a neurosurgeon. MRI of cervical spine. MRI of lumbar spine. Non-certified: Diclofenac XR 100mg #60. Omeprazole 20mg #60. Electromyography of the upper extremities. Electromyography of the lower extremities. Functional capacity assessment to determine an accurate impairment rating with doctor of chiropractic. Modified: Psych evaluation and treatment to approve Psych evaluation only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for psychological consultation and treatment, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there is mention of depression, but there is no mental status exam, and no discussion regarding what has been tried to address this issue. Additionally, the current request for open-ended "treatment" is not consistent with guideline recommendations for treatment sessions followed by reevaluation. Unfortunately, there is no provision to modify the current request. As such, the currently requested psychological evaluation and treatment is not medically necessary.

Electromyography of the upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG of bilateral upper extremities, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Guidelines go on to state that EMG is recommended to clarify nerve root dysfunction if findings of history and physical exam are consistent. Within the documentation available for review, there are physical findings consistent with radiculopathy. Additionally, an MRI was performed recently and another MRI of the cervical spine was recently authorized. It is unclear if these MRIs are unable to explain the patient's current symptoms and findings. It seems reasonable to review the available diagnostic studies prior to requesting additional diagnostic studies. As such, the currently requested EMG of bilateral upper extremities is not medically necessary.

Electromyography of the lower extremities: Upheld

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

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 Studies.

Decision rationale: Regarding the request for EMG of the lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are physical findings consistent with radiculopathy. Additionally, an MRI was performed recently and another MRI of the lumbar spine was recently authorized. It is unclear if these MRIs are unable to explain the patient's current symptoms and findings. It seems reasonable to review the available diagnostic studies

prior to requesting additional diagnostic studies. As such, the currently requested EMG of the lower extremities is not medically necessary.

Diclofenac XR 100mg #60: Overturned

Claims Administrator 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Diclofenac XR 100mg #60, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is identification that this medicine is providing analgesic benefits and objective functional improvement. Additionally, no intolerable side effects were reported. It is acknowledged, that there should be better documentation of analgesic efficacy and/or objective improvement. However, a one-month prescription should allow the requesting physician time to better document those items. As such, the currently requested Diclofenac XR 100mg #60 is medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it appears that the patient is taking high-dose NSAIDs on a consistent basis. This would put the patient in a moderate risk category for the development of G.I. side effects. As such, the use of a proton pump inhibitor is reasonable. As such, the currently requested omeprazole (Prilosec) is medically necessary.

Functional capacity assessment to determine an accurate impairment rating with doctor of chiropractic: 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), Fitness for Duty Chapter (online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation and Other Medical Treatment Guidelines X American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Prevention Chapter, Page 12.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary, conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.