

Case Number:	CM15-0032044		
Date Assigned:	02/25/2015	Date of Injury:	12/16/2014
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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: Pennsylvania

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 29 year old male with a date of injury of 12/16/14 due to lifting a coil of wire weighing approximately 100 pounds. Diagnoses include lumbar sprain with right paracentral disc protrusion and radiculitis. He reported shooting pain in the lower back radiating into the extremities. Medical history also includes psoriasis and hypertension. MRI of the lumbar spine on 12/22/14 showed right paracentral disc protrusion at L5-S1 impinging on the traversing right S1 nerve root. Treatment included physical therapy and medications. The documentation states that the injured worker completed two sessions of physical therapy but was unable to tolerate physical therapy due to low back pain. At a visit on 1/27/15, he reported low back pain, intermittent numbness and tingling in the bilateral lower extremities, and denied lower extremity weakness or bowel or bladder dysfunction. Examination showed antalgic gait, restricted lumbar range of motion, straight leg raising positive bilaterally, Fabere's test positive at bilateral hips, tenderness over the lumbar paraspinals with muscle hypertonicity, no sensory deficits, brisk and symmetric bilateral deep tendon reflexes, and slight weakness rated 4 plus/5 in the left knee extensors. On 1/23/15, an orthopedic consultant documented symptoms of back pain with burning pain down the left leg. Examination showed blood pressure of 123/74, normal bilateral lower extremity strength, intact sensation in all dermatomes in the bilateral lower extremities, and normal deep tendon reflexes; there was also documentation in the same progress note of hypoesthesia along the L5-S1 distribution (side unspecified). Work status is noted as off work. Initially after the injury, he was treated with nabumetone, orphenadrine, and tramadol. He subsequently received a course of prednisone, and was also treated with etodolac, Prilosec, and

Percocet. On 2/6/15, Utilization Review (UR) non-certified requests for EMG/NCV of bilateral lower extremities, and transforaminal lumbar bilateral L5-S1 epidural steroid injection. UR partially certified requests for gabapentin, omeprazole, and diclofenac. UR cited the MTUS, ODG, and Occupational Medicine Practice Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMB/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Low Back (updated 1/30/15), EMGs (electromyography) / Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: EMGs (electromyography), nerve conduction studies.

Decision rationale: The ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but that EMGs are not necessary if radiculopathy is already clinically obvious. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Although the physician documented an impression of radiculitis, the findings on physical examination were not consistent with the findings on MRI. One physical examination showed slight weakness of the left knee extensors. Examination by a different physician showed normal lower extremity strength and was noted to show both intact sensation and hypoesthesia along the L5-S1 distribution (side unspecified). The MRI showed a right sided disc protrusion at L5-S1 with impingement of the right S1 nerve root. Although the EMG would be helpful to clarify presence of radiculopathy, per the ODG the nerve conduction study is not indicated. Due to the guideline recommendation for NCV of the lower extremities, the request for EMG/NCV of bilateral lower extremities is not medically necessary.

Transforaminal lumbar bilateral L5-S1 epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Low Back (updated 1/30/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): p. 46.

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused

by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. In this case, there were no clear radicular findings bilaterally at the level requested. Although the physician documented an impression of radiculitis, the findings on physical examination were not consistent with the findings on MRI. One physical examination showed slight weakness of the left knee extensors. Examination by a different physician showed normal lower extremity strength and was noted to show both intact sensation and hypoesthesia along the L5-S1 distribution (side unspecified). No loss of lower extremity reflexes were documented. The MRI showed a right sided disc protrusion at L5-S1 with impingement of the right S1 nerve root. An EMG was not documented. Due to discordant findings on physical examination and MRI, and the lack of clear findings of bilateral radiculopathy, the request for transforaminal lumbar bilateral L5-S1 epidural steroid injection is not medically necessary.

Gabapentin 300mg for one month supply: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Pain (updated 2/4/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): p. 16-22.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. This injured worker was noted to have possible radiculitis, with numbness and tingling in the lower extremities and finding on MRI of right S1 nerve root impingement. Due to documentation consistent with neuropathic pain, and no prior trial of anticonvulsant medication, the request for gabapentin is medically necessary.

Omeprazole 20mg for one month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Pain (updated 2/4/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The MTUS states that co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low

dose aspirin). The injured worker has been prescribed NSAIDS, but none of the risk factors noted above were present. Although he had been treated with a course of prednisone in late December 2014, continued use of prednisone was not documented. No GI signs or symptoms were documented. Due to lack of indication in accordance with the guidelines, the request for omeprazole is not medically necessary.

Diclofenac 75mg for one month supply: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Pain (updated 2/4/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): p. 298-299, Chronic Pain Treatment Guidelines NSAIDS, hypertension and renal function Page(s): p. 69.

Decision rationale: The injured worker has an acute low back injury, with most recent treatment date less than three months from the date of injury. The ACOEM recommends nonsteroidal anti-inflammatory drugs (NSAIDS) for initial care for low back complaints. The injured worker has received two other NSAIDS, etodolac and nabumetone, with documentation of continued pain. He also received a course of prednisone and has been prescribed opioid medication. He had a trial of physical therapy but was unable to tolerate this due to pain. NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension. The injured worker was noted to have a history of hypertension, not on treatment, but blood pressure at a recent office visit was normal. Due to the acute nature of the injury and the ACOEM guideline recommendation for initial treatment with NSAIDS, the request for diclofenac is medically necessary.