MAXIMUS Federal Services

Case Number:	CM15-0049593		
Date Assigned:	03/23/2015	Date of Injury:	03/25/2012
Decision Date:	05/12/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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

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 20-year-old male who reported an injury 03/05/2012. Review of the medical record reveals the patient was diagnosed with lumbar intervertebral disc without myelopathy. The mechanism of injury information was not provided in the medical record. The injured worker has previously been treated with activity modification, physical therapy, left ankle surgery in 09/2014, medications, per electromyography and nerve condition study, imaging study, at home exercise program. On the SOAP note dated 03/25/2015 indicates the injured worker presented with continued complaints of pain in the neck, mid back, low back, bilateral knees, bilateral legs and ankles. Indicated that his worst pain is rated 8/10 to 9/10 on the VAS, and his pain is associated with numbness and tingling in addition to weakness in the legs and the feet. The injured worker indicated this pain occurs frequently. The injured worker indicates the pain is aggravated by bending, pulling, kneeling, pushing shopping carts, reaching, and leaning forward in addition to prolonged standing, sitting and walking. The injured worker indicates his neck pain is 70% of his pain and back pain is 75% of his pain. He also has 70% leg pain. The injured worker denies any bladder problems but reports having constipation. Upon examination it was noted the injured worker ambulated with an antalgic gait pattern without the use of an assistive device. Examination of the cervical spine revealed tenderness to palpation over the superior trapezius and levator scapula. There was no spinous process tenderness of masses palpable along the cervical spine. Examination of the lumbar spine revealed range of motion of forward flexion was at 30 degrees, extension at 5 degrees and side bending was at 10 degrees to the right and 15 degrees to the left. Rotation was limited. There was no asymmetry or scoliosis

noted upon inspection of the lumbar spine. Normal alignment was noted with normal lumbar lordosis. The injured worker did have tenderness to palpation over the bilateral lumbar parispinal muscles as well as positive lumbar facet loading maneuver bilaterally and positive straight leg raise test on the right in the seated and supine positions at 50 degrees. Motor strength testing revealed normal bulk and tone in all muscle groups of the lower extremities. Motor strength was measured at 5/5 and symmetric throughout the bilateral upper and lower extremities except in bilateral ankle plantarflexion where the measurements were 4+/5. Sensory exam revealed diminished sensation in the bilateral L5 and S1 dermatomes of the bilateral lower extremities. Deep tendon reflexes were symmetric at 1+ in the bilateral lower extremities as well. As per the SOAP note dated 03/25/2015 the injured worker's plan of care consisted of physical therapy for the low back, an EMG for bilateral lower extremities, omeprazole 20 mg, tramadol ER 150 mg, diclofenac XR 100 mg, cyclobenzaprine 7.5 mg, docuprene 100 mg, and an LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: It is noted from the information submitted that the injured worker participated in prior physical therapy for lumbar spine. However, the specific number of previously received physical therapy sessions was not provided in medical record. Moreover, the injured worker's objective functional response was not provided in the medical record to prior physical therapy sessions. From the referenced guidelines there is a recommendation of up to 10 physical therapy visits for the injured worker's diagnosis as per the referenced guidelines. Given that there is no indication as to the number of sessions the injured worker has previously received and the injured worker's objective functional response was not noted in the clinical information submitted, the requested 10 physical therapy sessions is not medically necessary.

EMG/NCS of the bilateral lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) and Nerve conduction studies (NCS).

Decision rationale: Objective findings upon examination in addition to the injured worker's subjective complaints are indicative of radiculopathy in the lumbar spine or bilateral lower extremities. It is noted that the injured worker has decreased sensation, decreased range of motion, positive straight leg raise test bilaterally, reflexes are diminished as well in addition to subjective complaints of pain with radiations of symptoms. These findings are all indicative of clear radiculopathy. As referenced guidelines do not recommend the use of electromyography or EMG study when there is clinically obvious radiculopathy, medical necessity for the request has not been established. The nerve conduction study would not be recommended as the referenced guidelines do not recommend the use of a nerve conduction study when a patient is presumed to have symptoms on the basis of radiculopathy. As such, the requested EMG/NCS of the bilateral lower extremities is not medically necessary.

Omeprazole 10mg, Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Clinical information submitted does not provide documentation indicating that the injured worker has any documentation of being at risk for gastrointestinal events. There is no documentation of a history of peptic ulcer, GI bleeding or perforation. The injured worker is not on concurrent use of anticoagulants, corticosteroids, or aspirin therapy. There is no indication that the injured worker is on a high dose NSAID to warrant the use of the requested medication. Given the information submitted for review, the medical necessity for the request has not been established as the patient is not noted to be at risk for gastrointestinal events and does not have documentation of any adverse side effects to his current medication regimen to warrant the use of this medication. Therefore, the requested omeprazole 10 mg quantity 1 is not medically necessary.

Docuprene 100mg, Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Drug.com--Docuprene.

Decision rationale: While it is noted that the patient has complaints of constipation secondary to his medications, the clinical information submitted does not provide documentation that the injured worker has had failed attempts at first line treatment or opioid induced constipation. If first line treatments are ineffective then the injured worker can follow through with secondary

treatments to treat constipation. Given that there is no indication that the injured worker has had failed attempts at increased activity, proper diet change rich in fiber, and maintaining appropriate hydration by drinking enough water, medical necessity for the request is not established. The request for docuprene 100 mg quantity 1 is not medically necessary.

Cyclobenzoprene 7.5mg, Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxants (for pain); Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: Clinical information submitted does not provide documentation indicating that the injured worker is having any significant muscle spasm to warrant the use of this medication. Moreover, this medication is only recommended for short term use of 2 to 3 weeks. There is no indication from information submitted how long the injured worker has been in use of this medication. There is no documentation of the injured worker's objective functional response to the use of this medication and no decreased level of pain or improved functionality with the use of of this medication as well. Given that this medication is only recommended for 2 to 3 week time period, and there is no indication as to how long the injured worker has been in use of this medication, and no documented muscle spasms to warrant the use of a muscle relaxant, medical necessity for the request is not established and the requested cyclobenzaprine 7.5 mg quantity 1 is not medically necessary.