

<b>Case Number:</b>	CM15-0051329		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 45-year-old male who reported an injury on 08/15/2011. The mechanism of injury was not included in the documentation submitted for review. His diagnoses included lumbar herniated nucleus pulposus, spinal stenosis, and radiculopathy. Past treatments have included lumbar epidural steroid injections. Diagnostic studies include an MRI of the lumbar spine without contrast performed on 03/12/2014, with findings of, at L4-5, a disc bulge measuring 1.5 mm; at L5-S1, a disc bulge measuring 1.5 mm. His surgical history was noncontributory. The injured worker presented on 02/27/2015 for a followup evaluation for neck and low back complaints. The clinical note indicated that the injured worker has persistent low back pain and shooting pain down the left, worse with standing and bending. The clinical note further indicated that the injured worker has access to a back brace and hot and cold wraps and TENS unit as well as medication in order to be functional. Upon physical examination of the lumbar spine, the injured worker was noted to have tenderness across the lumbar paraspinal musculature and pain with facet loading at L3-S1. Additionally, lumbar flexion was at 20 degrees and extension was at 10 degrees. The clinical note further indicates that the injured worker has a straightforward MRI showing disc disease at L4, L5, and S1 with spondylolisthesis and lumbar stenosis. However, the official studies were not included with the documentation for review. The clinical note further indicated that the injured worker receives medications including Nalfon 400 mg #60 and gabapentin 600 mg #90. The treatment plan included a request for medications including tramadol ER 150 mg #30 for pain, Flexeril 7.5 mg #60 for muscle spasms, and gabapentin 600 mg #90 for neuropathic pain, Nalfon 400 mg #60 for

inflammation, and Protonix 20 mg #60 for upset stomach. Also, the treatment plan included a request for a referral to a psychiatrist for an injection. The rationale for the request was that the psychiatric evaluation was necessary prior to proceeding with a lumbar surgery. A Request for Authorization form dated 01/27/2015 was submitted in the documentation for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 EMG/NCV of the bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for 1 EMG/NCV of the bilateral upper extremities is not medically necessary. The injured worker has low back pain. The California ACOEM Guidelines state that, for patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Furthermore, the guidelines state that electromyography and nerve conduction velocities may be helpful to identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The documentation submitted for review failed to provide evidence of neurological dysfunction or complaints regarding the neck or upper extremities. In the absence of the aforementioned documentation, the request as submitted does not meet medical necessity at this time. As such, the request for 1 EMG/NCV of the bilateral upper extremities is not medically necessary.

#### **1 pain management: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain disorder medical treatment guidelines, State of Colorado department of labor and employment, 4/27/2007, pg.56.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use Page(s): 78.

**Decision rationale:** The request for 1 pain management is not medically necessary. The injured worker has low back pain. The California MTUS Guidelines state that consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Additionally, the guidelines state to consider a psych consult if there is evidence of depression, anxiety, or irritability. The documentation submitted for review failed to provide evidence of depression, anxiety, or irritability. However, the documentation submitted for review failed to

provide evidence that the injured worker's pain was not being improved with the use of opioids. As such, the request for 1 pain management is not medically necessary.

**1 lab work for liver and kidney function: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Laboratory testing.

**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, Preoperative testing, general.

**Decision rationale:** The request for 1 lab work for liver and kidney function is not medically necessary. The injured worker has low back pain. The Official Disability Guidelines state that electrolyte and creatinine testing should be performed in patients with underlying chronic diseases and those taking medications that predispose them to electrolyte abnormalities or renal failure. The documentation submitted for review failed to provide evidence that the injured worker was taking any medication that predisposed him to electrolyte abnormalities or renal failure. Given the above, the request for 1 lab work for liver and kidney function is not medically necessary.

**Unknown cognitive behavioral therapy sessions: 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), Cognitive behavioral therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The request for Unknown cognitive behavioral therapy sessions is not medically necessary. The injured worker has low back pain. The California MTUS Guidelines recommend an initial trial of 4 psychotherapy visits after lack of progress from physical medicine. The documentation submitted for review failed to provide evidence that the injured worker has participated in 4 weeks of physical therapy. In the absence of the aforementioned documentation, the request as submitted is not medically necessary. As such, the request for Unknown cognitive behavioral therapy sessions is not medically necessary.