

Case Number:	CM15-0057712		
Date Assigned:	04/17/2015	Date of Injury:	09/04/2014
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/26/2015

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: New York
 Certification(s)/Specialty: Emergency 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 36 year old female who has reported back and leg pain after falling on 9/4/14. X-ray studies of the low back and pelvis were negative. She was diagnosed with a back contusion, lumbar spine sprain/ strain, lumbar spine radiculopathy, and right lower extremity paresthesias. Treatment has included ibuprofen, Norco, TENS, physical therapy, a back brace, and chiropractic treatments. As of 12/26/14, the injured worker was stated to have last worked in October 2014. There had apparently been a lapse in care since her initial evaluation on the day of injury. There was ongoing low back pain without any specific radicular findings. The treatment plan included modified work, physical therapy, and ibuprofen. As of 1/23/15, no physical therapy had yet started. There was no change in the clinical status and ibuprofen was refilled. A back support was prescribed on 1/28/15. On 2/4/15 physical therapy was stated to have made her worse. There had been no improvement since the original injury. There were no neurologic changes or specific radicular symptoms. An MRI was prescribed. As of the 2/25/15 office visit, apparently the last one with this physician, the MRI had not been completed. On 3/16/15 the injured worker was evaluated by a different physician. There was ongoing low back pain, which radiated to the right leg and knee. The leg or knee was reported to lock-up and be weak, with near falls. Prior treatment consisted of physical therapy for two sessions, including TENS and a heat pad. Current medications were Norco and ibuprofen. There was limited spinal range of motion, a + straight leg raising test, and "mild loss of sensation to light touch R lateral knee." There was no weakness. The treatment plan included the items listed in the Utilization Review, and the items referred for this Independent Medical Review. The work status was "temporarily

totally disabled." The pain diagram on 3/30/15 showed pain in the low back and right buttock only. The specific indications for each of the listed treatment items were not discussed in sufficient detail. On 3/24/15 Utilization Review partially certified serum chemistries, for ALT, ALP, AST, creatinine, and BUN. CRP, CPK, an arthritis panel, a lumbar MRI, omeprazole, and electrodiagnostic testing were non-certified. A CBC, tramadol, tizanidine, a urine drug screen, and naproxen were certified. Note was made of the lack of any evidence for inflammatory disease, the lack of necessity for omeprazole, and the need to check liver and kidney function while taking NSAIDs. The indications for the imaging and electrodiagnostic testing per the guidelines were not met. The MTUS, the updated ACOEM Guidelines, the Official Disability Guidelines, and a Cochrane guideline were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CRP (C- reactive protein): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse; Medical Services Commission. Rheumatoid arthritis: diagnosis, management and monitoring, Victoria (BC) British Columbia Medical Services Commission; 2012 Sep 30. 7 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Diagnosis and differential diagnosis of rheumatoid arthritis.

Decision rationale: The stated purpose for this test is to evaluate for possible inflammatory, rheumatological disease. No specific kind of disease was discussed. No specific indications for testing were listed. The MTUS does not address testing for rheumatological disease in patients with low back pain. One UpToDate guideline is cited above. There are many kinds of rheumatological diseases and there is no single guideline that addresses all of them. Typical low back pain is rarely inflammatory and rheumatological testing is not generally indicated. There was no sign of inflammatory joint disease on the radiographs. The treating physician did not discuss evidence for polyarthritis as evidenced by joint pain, swelling, and stiffness. There were no physical examination findings indicative of arthritis. The CRP is not medically necessary because the treating physician has not provided enough evidence that an inflammatory, rheumatological disease is likely.

1 CPK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Diagnosis and differential diagnosis of rheumatoid arthritis.

Decision rationale: The stated purpose for this test is to evaluate for possible inflammatory, rheumatological disease. No specific kind of disease was discussed. No specific indications for testing were listed. The MTUS does not address testing for rheumatological disease in patients with low back pain. One UpToDate guideline is cited above. There are many kinds of rheumatological diseases and there is no single guideline that addresses all of them. Typical low back pain is rarely inflammatory and rheumatological testing is not generally indicated. There was no sign of inflammatory joint disease on the radiographs. The treating physician did not discuss evidence for polyarthritis as evidenced by joint pain, swelling, and stiffness. There were no physical examination findings indicative of arthritis. The CPK is not medically necessary because the treating physician has not provided enough evidence that an inflammatory, rheumatological disease is likely.

1 hepatic panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 70.

Decision rationale: The MTUS provides direction for some kinds of testing as monitoring of medication toxicity. Per the FDA recommendations, patients taking NSAIDS should have periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). This injured worker has been using ibuprofen for an unspecified amount of time. Testing as per the FDA recommendations would be indicated. However, the requested test is a hepatic panel, which implies some number and variety of tests to assess aspects of the liver. As noted in the Utilization Review, specific tests of the liver may be indicated and they were certified. As requested, the "liver panel" could include a large variety of tests, some of which may not be indicated. As requested, the liver panel is not medically necessary because the contents of the panel were not defined.

1 Chem 8: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 70.

Decision rationale: The MTUS provides direction for some kinds of testing as monitoring of medication toxicity. Per the FDA recommendations, patients taking NSAIDS should have periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). This injured worker has been using ibuprofen for an unspecified amount of time. Testing as per the FDA recommendations would be indicated. The usual components of a chemistry-8 panel (electrolytes, BUN, creatinine) would all reflect on the function of the kidney. This panel is

medically necessary. The Utilization Review is overturned as the Utilization Review did not evaluate this test accurately in light of what would normally be tested with this kind of panel.

1 arthritis panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Diagnosis and differential diagnosis of rheumatoid arthritis.

Decision rationale: The stated purpose for this test is to evaluate for possible inflammatory, rheumatological disease. No specific kind of disease was discussed. No specific indications for testing were listed. The MTUS does not address testing for rheumatological disease in patients with low back pain. One UpToDate guideline is cited above. There are many kinds of rheumatological diseases and there is no single guideline that addresses all of them. Typical low back pain is rarely inflammatory and rheumatological testing is not generally indicated. There was no sign of inflammatory joint disease on the radiographs. The treating physician did not discuss evidence for polyarthritis as evidenced by joint pain, swelling, and stiffness. There were no physical examination findings indicative of arthritis. This panel is not medically necessary because the treating physician has not provided enough evidence that an inflammatory, rheumatological disease is likely.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 290.

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination." No "red flag" conditions are identified. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. The treating physician has not provided specific indications for performing an MRI. This patient does not fit the MTUS criteria for invasive procedures, such as epidural steroid injection or spine surgery, regardless of any proposed MRI findings. It is unlikely that MRI findings will change the treatment of this patient, based on MTUS treatment criteria for low back conditions. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself an indication for MRI. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS and the Official Disability Guidelines.

1 EMG/NCV of the bilateral lower extremities: 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), Low Back- Lumbar & Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12: EMG Page(s): 303, 309.

Decision rationale: There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for electrodiagnostic testing. Non-specific pain or paresthesias are not an adequate basis for performance of EMG or NCV. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. The MTUS, per the citations listed above, outlines specific indications for electrodiagnostic testing, and these indications are based on specific clinical findings. The physician should provide a diagnosis that is likely based on clinical findings, and reasons why the test is needed. The clinical evaluation does not contain specific neurological information showing the need for electrodiagnostic testing. For example, a diagnosis of radiculopathy should be supported by the signs and symptoms listed in the MTUS cited above. The pain is localized to the low back, not the extremity. The slight sensory deficit at the knee is not indicative of radiculopathy in the absence of other, more specific findings of radiculopathy. The treating physician has not provided a specific discussion of the indications and necessity for electrodiagnostic testing. Throughout the course of this injury, none of the treating physicians has provided evidence for a likely radiculopathy. Based on the current clinical information, electrodiagnostic testing is not medically necessary, as the treating physician has not provided the specific indications and clinical as per the MTUS.

1 prescription of Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case, as presented in the MTUS. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.