

Case Number:	CM15-0067502		
Date Assigned:	04/28/2015	Date of Injury:	12/24/2013
Decision Date:	08/26/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 49 year old female who sustained an industrial injury on 12/24/13. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, and biofeedback. Diagnostic studies are not addressed. Current complaints include back and bilateral knee pain. Diagnoses include lumbar spine sprain/strain and bilateral knee sprain/strain. In a progress note dated 03/25/15 the treating provider reports the plan of care as continued physical therapy, medication including flexeril, naproxen, menthoderm, and Prilosec, and x-rays of the bilateral knees and lumbar spine, and nerve conduction studies of the bilateral lower extremities. The requested treatments are x-rays of the bilateral knees and lumbar spine, nerve conduction studies of the bilateral lower extremities, flexeril, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the lumbar spine: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker is diagnosed with lumbar strain/sprain. Documentation fails to show objective clinical evidence of specific nerve compromise or acute exacerbation of symptoms of low back pain to support the medical necessity for X-rays. The request for X-rays of the lumbar spine is not medically necessary per MTUS.

X-rays of the right knee (flexion/extension): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 341.

Decision rationale: MTUS recommends plain-film radiographs of the knee, and special imaging studies only after a period of conservative care and observation, and only when a red flag is noted on history or examination such as significant hemarthrosis or the inability to flex the knee to 90 degrees, raising suspicion of conditions including fracture. The injured worker is diagnosed with Knee strain/sprain. Physician report at the time of the requested service under review fails to address clinical findings of knee examination or red flags on history to support the medical necessity for a knee X-ray. The request for X-rays of the right knee (flexion/extension) is not medically necessary per MTUS.

X-rays of the left knee (flexion/extension): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 341.

Decision rationale: MTUS recommends plain-film radiographs of the knee, and special imaging studies only after a period of conservative care and observation, and only when a red flag is noted on history or examination such as significant hemarthrosis or the inability to flex the knee to 90 degrees, raising suspicion of conditions including fracture. The injured worker is diagnosed with Knee strain/sprain. Physician report at the time of the requested service under review fails to address clinical findings of knee examination or red flags on history to support

the medical necessity for a knee X-ray. The request for X-rays of the left knee (flexion/extension) is not medically necessary per MTUS.

EMG of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: MTUS 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, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMGs are not necessary if radiculopathy is already clinically obvious. The injured worker is diagnosed with lumbar strain/sprain. Documentation at the time of the requested service under review fails to show objective clinical signs of specific nerve compromise or acute exacerbation of symptoms of low back pain to suspect evidence of radiculopathy. In the absence of clinical suspicion or evidence of radiculopathy, the medical necessity for EMG testing has not been established. The request for EMG of the right lower extremity is not medically necessary by MTUS.

NCV of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

Decision rationale: ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. The injured worker is diagnosed with lumbar strain/sprain. Documentation at the time of the requested service under review fails to show objective clinical signs of specific nerve compromise or acute exacerbation of symptoms of low back pain to suspect evidence of radiculopathy. Per guidelines, the request for NCV of the right lower extremity is not medically necessary.

EMG of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: MTUS 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, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMGs are not necessary if radiculopathy is already clinically obvious. The injured worker is diagnosed with lumbar strain/sprain. Documentation at the time of the requested service under review fails to show objective clinical signs of specific nerve compromise or acute exacerbation of symptoms of low back pain to suspect evidence of radiculopathy. In the absence of clinical suspicion or evidence of radiculopathy, the medical necessity for EMG testing has not been established. The request for EMG of the left lower extremity is not medically necessary by MTUS.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

Decision rationale: ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. The injured worker is diagnosed with lumbar strain/sprain. Documentation at the time of the requested service under review fails to show objective clinical signs of specific nerve compromise or acute exacerbation of symptoms of low back pain to suspect evidence of radiculopathy. Per guidelines, the request for NCV of the left lower extremity is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying

compliance without evidence of necessity. Documentation fails to support that the injured worker is at high risk of addiction or aberrant behavior and there is evidence of recent urine drug screening. The medical necessity for more frequent urine drug testing has not been established. With guidelines not being met, the request for Urine toxicology is not medically necessary.

Flexeril 10mg #60: Upheld

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

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of Flexeril. The request for Flexeril 10mg #60 is not medically necessary per MTUS guidelines.

Prilosec 20mg #60: Upheld

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, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation fails to show that the injured has active gastrointestinal complaints to establish the medical necessity of ongoing use of Prilosec. The request for Prilosec 20mg #60 is not medically necessary per MTUS guidelines.