

<b>Case Number:</b>	CM14-0116902		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 52 year-old female was reportedly injured on September 26, 2012. The mechanism of injury is noted as a lifting type event. The most recent progress note, dated June 30, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a 5'5", 173 pound individual with a decrease of lumbar spine range of motion. Motor strength is good and sensory examination is normal. Diagnostic imaging studies objectified multiple level degenerative disc disease in the lumbar spine, multiple level ordinary disease of life facet hypertrophy in the lumbar spine, and no evidence of acute osseous abnormalities. Previous treatment includes multiple medications, epidural steroid injections, physical therapy, chiropractic, acupuncture and other pain management interventions. A request had been made for diagnostic studies and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM practice guidelines support an MRI of the lumbar spine for patients with sub-acute or chronic radiculopathy lasting at least 4 to 6 weeks, if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Imaging studies have been completed; furthermore, there are no progressive changes relative to the neurologic findings. Motor strength is good, sensory examination is normal, and deep to reflexes continued to be the same. Based on the clinical information presented for review there is no clinical data presented to suggest a repeat MRI the lumbar spine. Therefore, this request is not medically necessary.

**EMG (electromyography) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ChapterEMG (electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Electrodiagnostic studies, which must include needle EMG, are recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., lower extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Based on the physical examination presented in June, 2014 there are no progressive radiculopathy type symptoms. Therefore, this request is not medically necessary.

**NCS (nerve conduction studies) 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 Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Electrodiagnostic studies, which must include needle EMG, are recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., lower extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). Based on the physical examination presented in June, 2014 there are no progressive radiculopathy type symptoms. Therefore, this request is not medically necessary.

**Functional Restoration Program initial evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterChronic pain programs (functional restoration programs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

**Decision rationale:** Functional restoration programs (FRPs) combine multiple treatments to include psychological care, physical therapy and occupational therapy for patients who are motivated to improve and return to work. Patients should not be a candidate for surgery or other treatments that would clearly be warranted, and are required to meet selection criteria per MTUS guidelines. After review of the available medical records, the injured worker does not meet each of the required criteria as there is no plan for him to return to work and the outcomes of the protocol are not presented. As such, this request is not medically necessary.

**Lumbar epidural steroid injection L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** As noted in the MTUS, epidural steroid injections are indicated when radiculopathy is documented and cooperated by imaging studies or electro-diagnostic assessment. The physical examination does not support that a verifiable radiculopathy exists. Therefore, based on the clinical information presented for review, this request is not medically necessary.

**Retrospective request for Cyclobenzaprine 10mg #30 (dispensed 6/30/14):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

**Decision rationale:** MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.