

Case Number:	CM14-0117386		
Date Assigned:	08/06/2014	Date of Injury:	07/18/2012
Decision Date:	10/07/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/25/2014

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. Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 62-year-old female who reported an injury on 07/18/2012 while assisting to move a patient. When doing so, she experienced the onset of acute pain in her low back that radiated down her legs. Diagnoses were cervical spine sprain/strain, lumbar spine status post surgery. Past treatments were medications, home exercise program, physical therapy, aqua therapy, TENS unit, and lumbar epidural steroid injection. Diagnostic studies were an MRI of the lumbar spine and cervical spine in 03/2013, an epidurogram, a CAT scan on 09/20/2013, and an EMG/nerve conduction study. Surgical history was surgery of the lumbar spine. Physical examination on 07/09/2014 revealed complaints of constant pain in the low back, pain was rated an 8/10. It was also reported that the pain radiated into the bilateral legs. Examination revealed tenderness around the surgical scar, spasm and decreased range of motion. Lumbar flexion was to 40 degrees, extension was to 20 degrees, left lateral was to 20 degrees, right lateral was to 20. Medications were not reported. The treatment plan was not reported. The rationale was not reported. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with Internist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American College of Occupational and Environmental Medicine (ACOEM) Chapter 6, page 163.

Decision rationale: The request for Follow up with Internist is not medically necessary. The ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or to examine fitness for return to work. It was not reported why the injured worker needed to follow up with an internist. The physical examination dated 07/09/2014 revealed copy quality was poor and the handwriting was illegible. Pertinent information may not have been reported. The request for an internist is unclear. Therefore, this request is not medically necessary.

Range of Motion measurements: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Range of Motion and Muscle Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back, Flexibility.

Decision rationale: The request for Range of Motion measurements is not medically necessary. The Official Disability Guidelines state that flexibility is not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. This has implications for clinical practice as it relates to disability determination for patients with chronic low back pain, and perhaps for the current impairment guidelines of the American Medical Association. The value of the sit and reach test as an indicator of previous back discomfort is questionable. The guidelines do not recommend computerized measures of lumbar spine range of motion, which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. Measurement of 3 dimensional real time lumbar spine motion including derivatives of velocity and acceleration has greater utility in detecting patients with low back disorder and range of motion. The medical guidelines do not support the use of range of motion measurements as primary criteria, nor do they support the use of computerized measures. Therefore, the request is not medically necessary.

Omeprazole 20mg capsules QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and SSRIs Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The decision for Omeprazole 20mg capsules quantity 60 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 g four the efficacy for this medication was not reported. been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease, a Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy for this medication was not reported. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Zolpidem 10mg tablets QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition, Pain (Chronic), Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain, Zolpidem.

Decision rationale: The request for Zolpidem 10mg tablets QTY: 60.00 are not medically necessary. The Official Disability Guidelines indicate Zolpidem (Ambien) is appropriate for the short-term treatment of insomnia, generally 2 to 6 weeks. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Also, the request does not indicate a frequency for the medication. The efficacy for this medication was not reported. Therefore, the request is not medically necessary.

Electromyography (EMG) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/Low_Back.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back, Electrodiagnostic Studies.

Decision rationale: The request for Electromyography (EMG) of the left lower extremity is not medically necessary. ACOEM guidelines state that electromyography (EMG), including H reflex test, and may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines for

electrodiagnostic studies states that the minimum standards for electrodiagnostic studies are: EDX testing should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy). Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for screening purposes rather than diagnoses are not acceptable. The number of test performed should be the minimum needed to establish and accurate diagnosis. Nerve conduction studies should be either performed directly by a physician or performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing in under way, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate nerve conduction studies to be performed. Electromyography needle, not surface, must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted. It is appropriate for only 1 attended physician to perform or supervise all of the components of the electrodiagnostic testing (e.g. history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. If both tests are done, the reporting of a nerve conduction study and electromyography study results should be integrating into a unifying diagnostic impression. If both tests are done, disassociation of nerve conduction study and electromyography results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of the nerve conduction studies separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. It was reported in the records submitted that the injured worker had an EMG study done in 03/2013, which was not submitted for review. The rationale for the EMG study was not reported. Therefore, the request is not medically necessary.

Electromyography (EMG) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/Low_Back.htm

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back, Electrodiagnostic Studies.

Decision rationale: The request for Electromyography (EMG) of the right lower extremity is not medically necessary. ACOEM guidelines state that electromyography (EMG), including H reflex test, and may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines for electrodiagnostic studies states that the minimum standards for electrodiagnostic studies are: EDX testing should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy). Testing should be performed using EDX equipment that provides assessment of all parameters of the recorded signals. Studies performed with devices designed only for screening purposes rather than diagnoses are not acceptable. The number of test

performed should be the minimum needed to establish and accurate diagnosis. Nerve conduction studies should be either performed directly by a physician or performed by a trained individual under the direct supervision of a physician. Direct supervision means that the physician is in close physical proximity to the EDX laboratory while testing in under way, is immediately available to provide the trained individual with assistance and direction, and is responsible for selecting the appropriate nerve conduction studies to be performed. Electromyography needle, not surface, must be performed by a physician specially trained in electrodiagnostic medicine, as these tests are simultaneously performed and interpreted. It is appropriate for only 1 attended physician to perform or supervise all of the components of the electrodiagnostic testing (e.g. history taking, physical evaluation, supervision and/or performance of the electrodiagnostic test, and interpretation) for a given patient and for all the testing to occur on the same date of service. If both tests are done, the reporting of a nerve conduction study and electromyography study results should be integrating into a unifying diagnostic impression. If both tests are done, disassociation of nerve conduction study and electromyography results into separate reports is inappropriate unless specifically explained by the physician. Performance and/or interpretation of the nerve conduction studies separately from that of the needle EMG component of the test should clearly be the exception (e.g. when testing an acute nerve injury) rather than an established practice pattern for a given practitioner. It was reported in the records submitted that the injured worker had an EMG study done in 03/2013, which was not submitted for review. The rationale for the EMG study was not reported. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NCV) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/Low_Back.htm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low back, Nerve Conduction Studies.

Decision rationale: The request for Nerve Conduction Velocity (NCV) of the left lower extremity is not medically necessary. The Official Disability Guidelines state nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. EMGs are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, the EMGs are not necessary if radiculopathy is already clinically obvious. The injured worker had an EMG/nerve conduction study in 03/2013 that was not submitted for review. Rationale was not reported as to why the injured worker needs to have this test repeated. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NCV) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/Low_Back.htm

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies.

Decision rationale: The request for Nerve Conduction Velocity (NCV) of the right lower extremity is not medically necessary. The Official Disability Guidelines state nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. EMGs are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month of conservative therapy, the EMGs are not necessary if radiculopathy is already clinically obvious. The injured worker had an EMG/nerve conduction study in 03/2013 that was not submitted for review. Rationale was not reported as to why the injured worker needs to have this test repeated. Therefore, the request is not medically necessary.

Left ankle AP and Lateral X-ray: 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-TWC) Integrated Treatment/Disability Duration Guidelines Ankle & Foot (Acute & Chronic) (Updated 11/14/2011) pages 30 and 31

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The California ACOEM states radiographic evaluation may be performed if there is rapid onset of swelling and bruising, if the patient's age exceeds 55 years of age, if the injury is high velocity, in the case of multiple injury or obvious dislocation/subluxation, or if the patient cannot bear weight for more than 4 steps. It was not reported that the injured worker had a problem with her ankle. It was not reported that the injured worker could not bear weight for more than 4 steps, or had swelling bruising. Therefore, the request is not medically necessary.