

Case Number:	CM14-0160132		
Date Assigned:	10/03/2014	Date of Injury:	06/27/2014
Decision Date:	10/31/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/29/2014

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 California. 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 44-year-old male with a reported date of injury on 06/27/2014. The injury reportedly occurred when the injured worker was pulling a heavy trash container. His diagnoses were noted to include lumbar spine musculoligamentous sprain/strain with 2 to 3 mm disc protrusions at L4-5 and L5-S1 with mild narrowing at the bilateral recesses at L4-5, posterior central annular tear, bilateral neural foraminal narrowing with multilevel facet hypertrophy and bilateral radiculopathy. His previous treatments were noted to include physical therapy and medications. The progress note dated 08/14/2014 revealed complaints of low back pain and bilateral lower extremity pain. The physical examination of the lumbar spine revealed tenderness to palpation with muscle guarding over the bilateral paraspinal musculature, lumbosacral junction, bilateral sciatic notches, sacrococcygeal right gluteal muscles, bilateral sacroiliac joints, and L4 and L5 spinous processes. The straight leg raising test was positive bilaterally and the Yeoman test was positive bilaterally. The Braggard's test was positive on the left and the femoral stretch test was positive on the left with radiation to the calf. The sacroiliac stress test was positive bilaterally and Kemp's test was positive bilaterally. The range of motion to the lumbar spine was noted to be diminished. Thus, the sensory examination revealed sensation was decreased over the right anterior thigh along the L4 nerve root. Sensation was also decreased over the left lateral calf and dorsum of the foot. No motor weakness was noted to the major muscles of the bilateral lower extremities and the deep tendon reflexes were 2+ bilaterally and symmetric. The Request for Authorization form dated 08/14/2014 was for tramadol ER 150 mg #30 for pain, Prilosec (omeprazole) 20 mg #30 for gastric upset, 1 TENS (transcutaneous electrical nerve stimulation) unit to reduce medication, and electromyography/nerve conduction study to evaluate therapy bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram (Tramadol) ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, Opioids, Initiating therapy, Page(s): 77.

Decision rationale: The request for Ultram (tramadol) ER 150 mg #30 is not medically necessary. The injured worker complains of low back and bilateral leg pain. The California Chronic Pain Medical Treatment Guidelines state steps to take before a therapeutic trial of opioids is to attempt to determine if the pain is nociceptive or neuropathic. Also attempt to determine if there is underlying contributing psychological issues. Neuropathic pain may require higher doses of opioids, and opioids are not extremely recommended as a first line therapy for some neuropathic pain. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting those goals. There should be baseline pain and functional assessments made. Functions should include social, physical, psychological, daily and work activities, and should be performed using validated instrument or a numerical rating scale. The delayed assessments should include history of pain treatment and effective pain and function. Assess the likelihood of that the patient should be weaned from opioids if there no improvement in pain and function. The patient should have at least 1 physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Once subjective do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, a second opinion with a pain specialist and a psychological assessment should be obtained. The physician and the surgeon should discuss the risk and benefits of use of controlled substances and other treatment modalities with the patient, caregiver, or guardian. A written consent or pain agreement for chronic use is not required but it may make it easier for the physician and surgeon to document patient education, the treatment plan, and the form consent. The guidelines state to consider the use of a urine drug screen to assess for the use or presence of illegal drugs. The documentation provided indicated the injured worker had utilized muscle relaxants and physical therapy. However, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Prilosec (Omeprazole) 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , NSAIDs, GI Symptoms and Cardiovascular Risk, Page(s): 68.

Decision rationale: The injured worker complained of low back and bilateral leg pain. The California Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years, a history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant; or using a high dose/multiple NSAIDS. There is a lack of documentation regarding gastric upset or NSAID intake to warrant Prilosec. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

1 TENS (transcutaneous electrical nerve stimulation) Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): TENS (transcutaneous electrical nerve stimulation)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , TENS, Chronic Pain, Page(s): 114,116.

Decision rationale: The request for 1 TENS (transcutaneous electrical nerve stimulation) unit is not medically necessary. The injured worker complains of low back pain and bilateral leg pain. The California Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The guidelines criteria for the use of TENS are for chronic intractable pain such as documentation of pain of at least 3 months duration. There was evidence that other appropriate pain modalities have been tried and failed. A 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial, including medication usage. There is a lack of documentation regarding the TENS unit to be used as an adjunct to ongoing treatment modalities within a functional restoration approach. There is a lack of documentation regarding the TENS unit being utilized previously with physical therapy or whether a 30 day trial at home had been attempted. There is a lack of documentation regarding a reduction in medication usage and how often the TENS was utilized. Additionally, the request failed to provide whether the TENS was for a 30 day trial or purchase. Therefore, the request is not medically necessary.

EMG/NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG), Low Back, Nerve Conduction studies.

Decision rationale: The request for an EMG/NCS to the bilateral lower extremities is not medically necessary. The injured worker complains of low back and bilateral leg pain. The CA MTUS/ACOEM Guidelines state electromyography, including h reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. The guidelines state electromyography can be useful to identify and define disc protrusion, cauda equina syndrome, spinal stenosis, and post laminectomy syndrome. There is a lack of documentation showing significant neurological deficits such as decreased motor strength and decreased deep tendon reflexes. The Official Disability Guidelines do not recommend nerve conduction studies to either a clinical justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrate that neurologic testing procedures have limited overall diagnostic accuracy in detecting disc herniations suspected of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low confined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The guidelines do not recommend nerve conduction studies as there is minimal justification when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker had an MRI for the lumbar spine which showed neural foraminal narrowing. Therefore, the request is not medically necessary.