

<b>Case Number:</b>	CM14-0177108		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Family Medicine 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:

This is a 49-year-old female who reported an industrial injury on 8/27/2010, over four (4) years ago, attributed to the performance of her usual and customary job tasks reported as being assaulted by two citizens after writing a citation. The patient has been treated with medications; physical therapy; activity modification; cervical epidural steroid injection; and cervical facet injections. It was noted that the QME evaluation dated 12/5/2013, and reported that the patient was terminated from her job on 2/9/2012, but was working part-time in a new position. The diagnoses were major depression with psychotic features resolved; industrial posttraumatic stress disorder, ongoing, and mild chronic pain disorder. The patient was established as permanent stationary. The QME advised there was no need for any mental health treatment. The patient also complained of pain over most of her body with low back pain rated as 10/10. The patient was evaluated with an orthopedic QME on 8/5/2014, and was documented to over respond to palpation of the low back. The QME concluded the patient was malingering. The diagnosis was nonorganic syndrome. The treating physician documented 50% reduction of pain to the neck with the cervical spine epidural steroid injection three (3) weeks prior. The patient was documented to have lumbar tenderness and decreased sensation to both legs in a patchy distribution. The patient was established as TTD. The treatment plan included a psychiatric consultation; MRI the lumbar spine; EMG/NCV of the bilateral lower extremities and Motrin #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation chapter 6 pages 115-117; chronic pain chapter revised 2008 pages 224-26 Official Disability Guidelines (ODG) mental stress chapter- psychological evaluation; pain chapter, behavioral interventions, psychological treatment

**Decision rationale:** The request for authorization of an evaluation and treatment with a psychologist/psychiatrist without a rationale or mental status to support medical necessity is not supported with subjective/objective evidence. The consultation/referral is made for reported stress and depression related to the cited diagnoses. The patient was assessed as permanent and stationary for psychiatric issues and was stated to require no further mental health treatment. There is no demonstrated medical necessity for the requested psychiatric consultation four (4) years after the DOI. There is no documented physical examination with a mental status evaluation or any documented objective findings consistent with depression or anxiety. There is no demonstrated continued psychiatric industrial injury at this time. There is no rationale by the treating physician to support medical necessity for a consultation. The request for the psychiatric consultation is not supported by any objective evidence in the clinical documentation. The patient is four (4) years s/p DOI and has a QME opinion for the assessment of psychiatric issues and the medical necessity for treatment. The treating physician failed to document any ongoing objective signs of depression or anxiety in the objective findings on examination. There is no documented mental status examination and not documented depression associated with chronic pain issues. There was no rationale or nexus for the stated "symptoms" in relation to the mechanism of injury. There is no prior documentation of anxieties or depression for this patient and there is no rationale for the apparent change in mental status. The request for a consultation with a psychiatrist was not supported with objective evidence as not demonstrated to be medically necessary.

**MRI of lumbar spine:** 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI lumbar spine

**Decision rationale:** The request for the authorization of a MRI of the lumbar spine for the diagnosis of lumbar spine pain from lumbar DDD was not supported with objective evidence on examination by the treating physician as there were no neurological deficits documented and no red flags documented for the reported pain to the back, which did not radiate to the lower extremities beyond the thighs. The patient was ordered a MRI of the lumbar spine to rule out

HNP/discopathy as a screening study less without obtaining the actual prior MRI of the lumbar spine for comparison. There was no evidence of changes in clinical status to warrant imaging studies of the lumbar spine. The request was not made with the contemplation of surgical intervention but as a screening study. The patient was noted to have only lower back pain radiating to the thighs without any extension to the lower extremities. The diagnosis is consistent with a musculoligamentous sprain/strain or lumbar spine DDD without evidence of a nerve impingement radiculopathy. The patient was not noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with no documented radiation to the LEs. The patient reported persistent pain; however, there were no specified neurological deficits. There was no demonstrated medical necessity for a MRI of the lumbosacral spine based on the assessment of a musculoskeletal sprain/strain. There are no documented progressive neurological changes as objective findings documented consistent with a lumbar radiculopathy as effects of the DOI. There was no documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented HEP for conditioning and strengthening. There are no demonstrated red flag diagnoses as recommended by the ODG or the ACOEM Guidelines. The use of the MRI for nonspecific back pain is only recommended after three (3) months of symptoms with demonstrated failure of conservative care. The request for a MRI of the lumbar spine for chronic pain is not demonstrated to be medically necessary.

**EMG/NCV bilateral lower extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 261;303,301,298;48;178;62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter EMG; NCS

**Decision rationale:** There is no objective evidence of any changes in the neurological status of the patient to warrant Electrodiagnostic studies of the bilateral lower extremities. There are no demonstrated progressive neurological deficits to support the medical necessity of a bilateral lower extremity EMG/NCS with no documented neurological deficits. The patient was documented to have a normal neurological examination with no specific sensory deficits along a dermatomal pathway to the BLEs. There is no evidence of a nerve impingement radiculopathy; only a subjective radiculopathy. There were no demonstrated neurological deficits along a dermatomal distribution to the BLEs on examination to support the medical necessity of the requested BLE EMG/NCS. The patient was reported to have full strength and FROM to the lower extremities. The patient was not noted to have any changes in clinical status. The patient had some subjective complaints of pain but no sensation issues below the knee. The sensation to the bilateral lower extremities was reported as intact. There were no documented objective findings on examination to support medical necessity. There is no demonstrated medical necessity for a BLE EMG/NCS for the management of this patient. There are no documented

changes in the neurological status of the patient that would require Electrodiagnostic studies. The request for the authorization of the EMG/NCS of the bilateral lower extremities was not supported with any objective clinical findings that would demonstrate a change in the neurological status of the patient or demonstrate neurological deficits in the lower extremities. There are no documented neurological findings that would suggest a nerve entrapment neuropathy in the clinical documentation to the BLEs. The EMG/NCS of the BLE is not demonstrated to be medically necessary, as there are no documented objective changes in the sensory deficits or neurological changes. An EMG/NCS of the lower extremities is not recommended by the CA MTUS or the ACOEM Guidelines updated lower back chapter for patients without significant leg pain or numbness. There is no demonstrated medical necessity for the requested bilateral lower extremity EMG/NCS screening examination.

**Motrin, #45 (45-day supply): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs

**Decision rationale:** The use of Motrin #45 is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. The provider has not documented evidence of functional improvement with the use of the prescribed Ibuprofen/Motrin. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Ibuprofen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Motrin should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for Motrin #45 is not demonstrated to be medically necessary.