

Case Number:	CM14-0153542		
Date Assigned:	09/23/2014	Date of Injury:	12/28/2013
Decision Date:	03/23/2015	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/19/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 with a date of injury of December 28, 2013. The patient's industrially related diagnoses include lumbago, lumbar sprain/strain, and lumbar radiculopathy. The disputed issues are chiropractor x 12 sessions, physiotherapy x 12 visits, acupuncture 2 x 6 of the lumbar spine, urine toxicology screen, L/S MRI, labs: CBC, CRP, CPK, Chem 8, Hepatic and Arthritis Panel, and EMG/NCV of right and left lower extremities. A utilization review determination on 8/28/2014 had non-certified these requests. The stated rationale for the denial of chiropractic and physical therapy was: "There was no subjective benefits noted from PT. Likewise, no objective improvement from PT was documented." The stated rationale for the denial of acupuncture was: "There was no indication that the claimant is actively seeking physical rehabilitation of surgical intervention for the alleged injuries." The stated rationale for the denial of the urine toxicology screen was: "The medical records in this case are unclear in terms of what risk level this patient has been assessed, which per the guidelines, would determine the frequency of testing. Previous urine drug test has been documented for this claimant." The stated rationale for the denial of L/S MRI was: "There were no significant abnormal neurological exam findings documented, positive SLR is not considered a reliable sign for radiculopathy. There were no red flag signs documented. No treatment plans were provided." The stated rationale for the denial of labs was: "There are no signs of internal medical, including rheumatological, issues to warrant these extensive laboratory testing. Lastly, the stated rationale for the EMG/NCV of the bilateral lower extremities was: "There were no

signs of BLE neurological issues based on the AP's exam. The subjective SLR test does not constitute radiculopathy, esp. when the motor and reflex and strength testing were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: In regard to the request for chiropractic care, the Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Maintenance care is not medically necessary. For recurrences and flare-ups, the guidelines recommend re-evaluation of treatment success and if return to work (RTW) is achieved, then 1-2 visits are recommended every 4-6 months. In the submitted medical records available for review, there was documentation that the injured worker completed 18 sessions of physical therapy but did not receive chiropractic care. The utilization review denied the request stating: "This claimant has had extensive PT/chiro for this chronic condition." However, there were no records available for review indicating that the injured worker was treated by a chiropractor. According to the guidelines, a trial of up to 6 visits is recommended in the case of this injured worker. However, the currently requested 12 treatment sessions exceeds the recommended visits provided by guidelines. As such, the currently requested chiropractic care x 12 visits is not medically necessary.

Physiotherapy x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy

Decision rationale: In regard to the request for physiotherapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. In the

submitted medical records available for review, there was no indication of any specific objective treatment goals with the request for additional physical therapy. There was no documentation of objective functional improvement with previous physical therapy. It was documented on 7/2/2014 that the injured worker completed 18 sessions of physical therapy that were not helpful. There was no statement indicating why continuation of active therapies at home would be insufficient to address the objective deficits. In the absence of such documentation, the current request for physiotherapy x 12 visits is not medically necessary.

Acupuncture 2 x 6 of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In regard to the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. In the submitted medical records available for review, the treating physician requested chiropractic care and physical therapy to be used alongside the requested acupuncture. However, medical necessity could not be established for both of those requests. Additionally, the current request for acupuncture exceeds the 6-visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture 2 x 6 of the lumbar spine is not medically necessary.

Urine toxicology screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: In regard to the request for a urine toxicology screen, CA MTUS Chronic Pain Medical Treatment Guidelines state that drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. In the submitted medical records available for review, there was no documentation that a urine toxicology screen was previously performed. The utilization review denial stated: "Previous urine drug test has been documented for this claimant." However, those

documents were not available for review. On 7/2/2014, the medical provider documented that the injured worker was not currently receiving medical treatment for her industrial injury, and there was no documentation that the injured worker was taking any opiate pain medication at that time. Therefore, Tramadol, an opioid, was prescribed for breakthrough pain. Regarding steps to take before a therapeutic trial of opioids, the guidelines state: "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." Therefore, based on the guidelines, the currently requested urine toxicology screen is medically necessary.

L/S MRI: Upheld

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

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, MRIs magnetic resonance imaging

Decision rationale: In regard to the request for lumbar spine MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. In the submitted medical records available for review, there was documentation of positive objective findings on neurologic examination but those findings did not identify specific nerve compromise. According to the guidelines, further physiologic evidence of nerve dysfunction should be obtained before proceeding with an MRI. While the request for EMG/NCV of bilateral lower extremities is medically necessary as stated below, the currently requested lumbar spine MRI is not medically necessary at this time.

Labs: CBC, CRP, CPK, Chem 8, Hepatic and Arthritis Panel: 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 NSAID Adverse effects, lab testing Page(s): 70. Decision based on Non-MTUS Citation Lab Tests Online, Complete Blood Count, <http://labtestsonline.org/understanding/analytes/cbc/tab/test>

Decision rationale: In regard to the request for CBC, CRP, CPK, Chem 8, Hepatic and Arthritis Panel, the California MTUS and ODG do not address all these labs. The Chronic Pain Medical Treatment Guidelines on page 70 states the following regarding NSAIDs and the need for laboratory testing: "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but

the interval of repeating lab tests after this treatment duration has not been established." In the submitted medical records available for review, the medical provider requests baseline labs to make sure the injured worker can safely metabolize and excrete the medications prescribed, which included Naproxen. However, there is no documentation identifying the medical necessity of all of these tests. A CBC is ordered to evaluate various conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia, etc. None of these conditions, or another condition for which this test would be appropriate, is documented. In light of the above issues, the currently requested CBC, CRP, CPK, Chem 8, Hepatic and Arthritis Panel are not medically necessary.

EMG of left lower extremity: Overturned

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

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

Decision rationale: In regard to the request for EMG/NCV of bilateral lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the submitted medical records available for review, there was documentation of subjective complaints of low back pain that radiated down both legs with numbness and tingling radiating to the great toes intermittently. While the neurological examination findings on 7/2/2014 revealed positive bilateral straight leg raise lifts at 45 degrees, sensation was documented to be intact and there were no other neurological deficits documented supporting a diagnosis of specific nerve compromise. However, in the QME evaluation dated 7/17/2014, the medical provider documented multiple positive findings on neurological examination consistent with subtle neurological dysfunction. Based on the documentation, the currently requested EMG of the left lower extremity is medically necessary.

EMG of right lower extremity: Overturned

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

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

Decision rationale: In regard to the request for EMG/NCV of bilateral lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the submitted medical records available for review, there was documentation of subjective complaints of low back pain that radiated down both legs with numbness and tingling radiating to the great toes intermittently. While the neurological examination findings on 7/2/2014 revealed positive bilateral straight leg raise lifts at 45 degrees, sensation was documented to be intact and there were no other neurological deficits documented supporting a diagnosis of specific nerve compromise. However, in the QME evaluation dated 7/17/2014, the medical provider documented multiple positive findings on neurological examination consistent with subtle neurological dysfunction. Based on the documentation, the currently requested EMG of the right lower extremity is medically necessary.

NCV of left lower extremity: Overturned

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

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

Decision rationale: In regard to the request for EMG/NCV of bilateral lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the submitted medical records available for review, there was documentation of subjective complaints of low back pain that radiated down both legs with numbness and tingling radiating to the great toes intermittently. While the neurological examination findings on 7/2/2014

revealed positive bilateral straight leg raise lifts at 45 degrees, sensation was documented to be intact and there were no other neurological deficits documented supporting a diagnosis of specific nerve compromise. However, in the QME evaluation dated 7/17/2014, the medical provider documented multiple positive findings on neurological examination consistent with subtle neurological dysfunction. Based on the documentation, the currently requested NCV of the left lower extremity is medically necessary.

NCV of right lower extremity: Overturned

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

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

Decision rationale: In regard to the request for EMG/NCV of bilateral lower extremities, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the submitted medical records available for review, there was documentation of subjective complaints of low back pain that radiated down both legs with numbness and tingling radiating to the great toes intermittently. While the neurological examination findings on 7/2/2014 revealed positive bilateral straight leg raise lifts at 45 degrees, sensation was documented to be intact and there were no other neurological deficits documented supporting a diagnosis of specific nerve compromise. However, in the QME evaluation dated 7/17/2014, the medical provider documented multiple positive findings on neurological examination consistent with subtle neurological dysfunction. Based on the documentation, the currently requested NCV of the right lower extremity is medically necessary.