

<b>Case Number:</b>	CM14-0212176		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	03/02/2014
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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

### 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 patient is a 37 year old female with an injury date on 03/02/2014. Based on the 11/21/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar disc displacement 2. Lumbar neuritis 3. Chronic lower back pain 4. Chronic elbow pain 5. Lateral epicondylitis 6. Medial epicondylitis, left elbow According to this report, the patient complains of "lower back with pain extending down the right leg to the level of the foot." The patient also indicates she is "experiencing some back pain, neck pain and pain involving her left ankle region." The pain is described as "frequent in nature and has an aching and stabbing component and is moderate in severity and ranges up to approximately 8 on a scale of 10 and is brought on with such activities as sitting, standing, walking and squatting." Physical exam reveals tenderness and spasm at the lumbar paraspinal muscle, left iliac crest, left sciatic notch, and bilateral sacroiliac joints Range of motion is decreased. Supine straight leg raise, Gaenslen sign, and Patrick test are positive. Patient's current medications are Naprosyn, Protonix, Fex Med, Neurontin, and Tramadol ER. Treatment to date includes Lumbar MRI, and medications. The treatment plan is to "start the patient on a course of anti-inflammatory medication" and Protonix and continue with other medications. The patient's work status "not permanent and stationary at this time and does require additional treatment as determined by Dr. ■." "The 12/18/2014 report indicates the medications prescribed "are helping her symptoms in general" and the "medications decrease her overall pain by approximately two to three points on a scale of 10." "There were no other significant findings noted on this report. The utilization review denied the request for (1) Chiro x8, (2) Pharmacological management, (3) Urinalysis, (4) Comprehensive metabolic panel

on 11/13/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 11/21/2014 to 12/18/2014. The reports provided are after the utilization review letter in question.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiro (8-sessions, 2 times a week for 4 weeks): Overturned**

**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, Manipulation/Chiropractic guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59.

**Decision rationale:** According to the 11/21/2014 report, this patient presents with "lower back with pain extending down the right leg to the level of the foot. The current request is for Chiro x8. The most recent progress report provided for review is dated after the utilization review letter in question. Regarding chiropractic manipulation, the MTUS guidelines state, "A Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains." Reviewing of the provided reports does not show prior chiropractic care or discussions thereof. The current request for a trial of 8 chiropractic sessions is supported by the MTUS guidelines. This request IS medically necessary.

**Urinalysis (UA) 3 times over 6 months: 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 UDS Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under urine drug testing.

**Decision rationale:** According to the 11/21/2014 report, this patient presents with "lower back with pain extending down the right leg to the level of the foot. The current request is for Urinalysis (UA) 3 times over 6 month. Regarding UDS's, MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, the available medical records indicate the patient is currently on Tramadol ER (an opiate). Review of the reports does not show a recent urine drug screen. There were no discussions regarding the patient's adverse behavior with opiates use. Given the patient's current opiate use,

UDS's once or twice per year on a random basis is supported by ODG guidelines. However, the request is for 3 Urinalys is over a period of 6 months is not supported by the guidelines. This request IS NOT medically necessary.

**Comprehensive metabolic panel 3 times over 6 months:** 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 NSAIDs, specific drug list & adverse effects Page(s): 70, 8.

**Decision rationale:** According to the 11/21/2014 report, this patient presents with "lower back with pain extending down the right leg to the level of the foot. The current request is for Comprehensive metabolic panel 3 times over 6 months. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and 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 this case, the treating physician "starts the patient on a course of anti-inflammatory medication" and MTUS supports CBC lab monitoring for patient that are taking NSAID. However, MTUS states "the interval of repeating lab tests after this treatment duration has not been established," and MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate suggestions. Therefore, this request IS NOT medically necessary.

**Traction (8-sessions, 2 times a week for 4 weeks):** 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, traction

**Decision rationale:** This patient complains of lower back with pain extending down the right leg to the level of the foot. The current request is for TRACTION 8 SESSIONS, 2 TIMES A WEEK FOR 4 WEEKS. The two progress reports provided for review do not include any discussion regarding this request. The ACOEM Guidelines page 300 on lumbar traction states, "traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." Furthermore, ODG under the low back chapter on traction states that traction has not been proved effective for lasting relief in the treatment of low back pain; traction is the use of force that separates the joint surfaces and elongates the surrounding of tissues. The records do not show that the patient has tried a traction unit in the past. In this case,

the ACOEM and ODG Guidelines do not support the use of traction units for the treatment of low back pain. The request IS NOT medically necessary.

**Myofascial Release (8-sessions, 2 times a week for 4 weeks): 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 Massage therapy Page(s): 60.

**Decision rationale:** This patient complains of lower back with pain extending down the right leg to the level of the foot. The current request is for MYOFASCIAL RELEASE 8 SESSIONS, 2 TIMES A WEEK FOR 4 WEEKS. The two progress reports provided for review do not include any discussion regarding this request. The MTUS Chronic Pain Medical Treatment Guidelines, page 60 for Massage therapy states: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment -e.g. exercise, and it should be limited to 4-6 visits in most cases. This patient's treatment history does not include myofascial release. This appears to be an initial request. The request for 8 sessions of massage therapy exceeds the MTUS recommended limit of 4-6 sessions. The request IS NOT medically necessary.

**EMS (8-sessions, 2 times a week for 4 weeks): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Acute & Chronic Chapter under Electrical muscle stimulation (EMS)

**Decision rationale:** This patient complains of lower back with pain extending down the right leg to the level of the foot. The current request is for EMS 8 SESSIONS, 2 TIMES A WEEK FOR 4 WEEKS. The two progress reports provided for review do not include any discussion regarding this request. ODG-TWC, Neck and Upper Back Acute & Chronic Chapter under Electrical muscle stimulation (EMS) states: "Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Kjellman, 1999" In this case, EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain. The request does not meet ODG guideline indications, therefore IS NOT medically necessary.