

Case Number:	CM14-0213124		
Date Assigned:	12/30/2014	Date of Injury:	08/23/2013
Decision Date:	03/30/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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

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 39 year old male with an injury date of 08/23/13. Based on the 09/16/14 progress report, the patient complains of pain in his lumbar spine, right hip, right knee, right foot, and right leg. The 11/13/14 report indicates that the patient rates his lumbar spine pain as an 8/10, his right hip pain as an 8/10, and his right knee pain as a 7/10. His right knee has tenderness to palpation. The 11/18/14 report states that the patient has localized low back pain, right ankle swelling/numbness/weakness, fatigue, difficulty sleeping, stress, and depression. There is spasm and tenderness to palpation of the paraspinal muscles of the lumbar spine and a positive straight leg raise on both the right and left side. There is tenderness to pressure over the bilateral lateral hips, a restricted range of motion, and tenderness to pressure over the right anterior talofibular ligament. The patient's diagnoses include the following: Lumbar sprain/strain, Enthesopathy of hip, Sprains and strains of ankle. The utilization review determination being challenged is dated 12/05/14. Treatment reports are provided from 03/11/14- 12/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care, 3x4 for low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Chiropractic guidelines

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

Decision rationale: The patient presents with pain in his lumbar spine, right hip, right knee, right foot, and right leg. The request is for CHIROPRACTIC CARE, 3 X 4 FOR LOW BACK. The patient has localized low back pain, right ankle swelling/numbness/weakness, fatigue, difficulty sleeping, stress, and depression. There is spasm and tenderness to palpation of the paraspinal muscles of the lumbar spine and a positive straight leg raise on both the right and left side. There is tenderness to pressure over the bilateral lateral hips, a restricted range of motion, and tenderness to pressure over the right ATFL. There is no indication of any prior chiropractic care the patient may have had. MTUS guidelines, pages 58-59, allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. The reason for the request is not provided. In this case, there isn't any documentation of any recent surgery and it appears that the patient has not had any prior chiropractic care. MTUS guidelines 'allow up to 18 sessions of treatments following initial trial of 3-6' sessions. Review of the reports does not indicate if the patient has had a trial of 3-6 sessions of chiropractic care and the requested 12 sessions exceeds what is allowed by MTUS guidelines. Therefore, the request IS NOT medically necessary.

EMG (electromyography)/NCS (nerve conduction study) for the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 260-262; 303.

Decision rationale: The patient presents with pain in his lumbar spine, right hip, right knee, right foot, and right leg. The request is for an EMG/NCS FOR THE BILATERAL LOWER EXTREMITIES. The patient has localized low back pain, right ankle swelling/numbness/weakness, fatigue, difficulty sleeping, stress, and depression. There is spasm and tenderness to palpation of the paraspinal muscles of the lumbar spine and a positive straight leg raise on both the right and left side. There is tenderness to pressure over the bilateral lateral hips, a restricted range of motion, and tenderness to pressure over the right ATFL. The patient had an MRI of his lumbar spine on 11/15/13 which revealed multilevel 1-2 mm posterior disc protrusions and loss of lordosis likely due to myospasm. Review of the reports provided does not indicate if the patient has had a prior EMG/NCV of the lower extremities. For EMG, ACOEM Guidelines page 303 states 'Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks.' ODG guidelines under foot/ankle chapter does not discuss electrodiagnostics.

ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: 'Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist.' The reason for the request is not provided. Aside from complaints of lumbar spine pain, there is no indication of the patient having any radicular pain or any neurological/ sensory deficits. Therefore, the requested EMG/NCS of the bilateral upper extremities IS NOT medically necessary.

MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303, 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, MRI Chapter Hip & Pelvis (Acute & Chronic), MRI's (magnetic resonance imaging)

Decision rationale: The patient presents with pain in his lumbar spine, right hip, right knee, right foot, and right leg. The request is for a MRI OF THE LUMBAR SPINE, RIGHT ANKLE, AND RIGHT HIP. The patient has localized low back pain, right ankle swelling/numbness/weakness, fatigue, difficulty sleeping, stress, and depression. There is spasm and tenderness to palpation of the paraspinal muscles of the lumbar spine and a positive straight leg raise on both the right and left side. There is tenderness to pressure over the bilateral lateral hips, a restricted range of motion, and tenderness to pressure over the right ATFL. For special diagnostics, ACOEM Guidelines page 303 states, 'Unequivocal objective that identify specific nerve compromise and neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study.' ODG Guidelines low back chapter MRI topic state that, 'MRI or tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, nerve compromise, recurrent disk herniation).' The ACOEM Guidelines page 374 on MRI of the foot/ankle states, 'Imaging may be indicated to clarify the diagnosis and assist reconditioning...Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery.' ODG states, 'MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci, and joint cartilage structures than x-ray or computerized axial tomography in the evaluation of traumatic or degenerative injuries.' ODG guidelines, chapter 'Hip & Pelvis (Acute & Chronic)' and topic 'MRI's (magnetic resonance imaging)', states the following: 'MRI is both highly sensitive and specific for the detection of

many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. The reason for the request is not provided. The patient had a prior MRI of the lumbar spine on 11/15/13 which multilevel 1-2 mm posterior disc protrusions and loss of lordosis likely due to myospasm. In this case, there are no new injuries, no significant change in examination findings, no bowels/bladder symptoms or new locations of symptoms that would require additional investigation. Review of the reports does not indicate if the patient had a prior MRI of his right ankle. The patient has tenderness to pressure over the right anterior talofibular ligament and no further positive exam findings are provided. There are no discussions regarding the ankle including decreased neurological and sensory findings that would warrant the need of an MRI. The 11/15/13 MRI of the right hip was 'unremarkable.' The treater does not explain why another set of MRI's are needed. There is lack of discussion regarding failure of conservative care and suspicion for various disorders of the hip or surrounding soft tissues to allow for a MRI of the right hip. The requested MRI of the lumbar spine, right ankle, and right hip ARE NOT medically necessary.

Psychological evaluation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7), page 127 evaluation.

Decision rationale: The patient presents with pain in his lumbar spine, right hip, right knee, right foot, and right leg. The request is for a PSYCHOLOGICAL EVALUATION. The utilization review denial rationale is that 'there is no mention of bouts of depression, anxiety, and stress.' The 11/18/14 report states that he has fatigue, difficulty sleeping, stress, and depression. ACOEM Practice Guidelines, 2nd edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialist if the diagnosis is uncertainly or extremely complex, when psychosocial factors are present, or when the plan or course of care would benefit from additional expertise." The reason for the request is not provided. Given the patient's chronic pain and continued complaints of stress, and depression, the requested psychological evaluation IS medically necessary.

Ketoprofen 75mg capsule, QTY: 30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Medication for chronic pain Page(s): 22; 60-61.

Decision rationale: The patient presents with pain in his lumbar spine, right hip, right knee, right foot, and right leg. The request is for KETOPROFEN 75 MG CAPSULE, QTY: 30 WITH 2 REFILLS. The patient has localized low back pain, right ankle swelling/numbness/weakness,

fatigue, difficulty sleeping, stress, and depression. There is spasm and tenderness to palpation of the paraspinal muscles of the lumbar spine and a positive straight leg raise on both the right and left side. There is tenderness to pressure over the bilateral lateral hips, a restricted range of motion, and tenderness to pressure over the right ATFL. There is no indication of when the patient began taking this medication. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. It is indicated as a first-line treatment for low back pain. For medication use and chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. It appears that this is the first prescription of Ketoprofen. Given the patient's chronic low back pain, trial of this medication is reasonable and MTUS do support the use of NSAIDs for low back pain as a first-line treatment. The request IS medically necessary.

Omeprazole DR 20mg, QTY: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptom.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68-69.

Decision rationale: The patient presents with pain in his lumbar spine, right hip, right knee, right foot, and right leg. The request is for OMEPRAZOLE DR 20 MG, QTY: 30 WITH 2 REFILLS. The patient has been taking Omeprazole as early as 08/14/14. MTUS Guidelines pages 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal event: 1) Ages greater than 65, 2) History of peptic ulcer disease and GI bleeding of perforation, 3) Concurrent use of ASA or corticosteroid and/or anticoagulant, 4) High dose/multiple NSAID. MTUS page 69 states NSAIDs, GI symptoms, and cardiovascular risks: treatment of dyspepsia secondary to the NSAID therapy: stop the NSAID, switch to different NSAID, or consider H2-receptor antagonist or a PPI. As of 11/18/14, the patient is taking Ketoprofen, Orphenadrine, Naproxen, Zolpidem, and Metformin. In this case, there is no discussion regarding what Omeprazole is doing for the patient. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of discussion as to this medication's efficacy, and lack of rationale for its use, the requested Omeprazole IS NOT medically necessary.

Orphenadrine ER 100mg, QTY: 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The patient presents with pain in his lumbar spine, right hip, right knee, right foot, and right leg. The request is for ORPHENADRINE ER 100 MG, QTY: 60 WITH 2 REFILLS. The patient has localized low back pain, right ankle swelling/numbness/weakness, fatigue, difficulty sleeping, stress, and depression. There is spasm and tenderness to palpation of the paraspinal muscles of the lumbar spine and a positive straight leg raise on both the right and left side. There is tenderness to pressure over the bilateral lateral hips, a restricted range of motion, and tenderness to pressure over the right ATFL. There is no indication of when the patient began taking this medication. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm in no more than 2 to 3 weeks. It is unknown when the patient began taking Orphenadrine or if this is the first prescription for Orphenadrine. MTUS guidelines do not recommend long-term use of muscle relaxants for no more than 2 to 3 weeks. Since the date the patient initially began taking Orphenadrine is not provided, it is not known how long the patient has been on this medication. There is no discussion provided as to how long this medication will be used but the request is for 2 refills indicating a long-term use. In addition, MTUS page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. There are no discussions provided regarding what Orphenadrine has done for the patient's pain and function. Therefore, the requested Orphenadrine IS NOT medically necessary.

MRI (magnetic resonance imaging) of the right ankle: 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) Foot/ankle chapter, MRI

Decision rationale: According to the 11/18/2014 report, the patient presents with 5/10 'intermittent pain on his right ankle.' The request is for a MRI of the right ankle. The patient has episodes of swelling and numbness, as well as weakness, pain is increased with walking, standing, and repetitive movements. The request for authorization is on 11/18/2014. The patient's work status is 'Temporary Total Disability for 6 Weeks.' Regarding MRI of the foot/ankle, ODG guidelines state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Review of the provided reports does not indicate that the patient had a prior MRI of the right ankle. In this case, the patient does not present with pain and tenderness over the navicular tuberosity or the tarsal navicular or pain in the 3-4 web space with paresthesias. There is no discussions regarding the ankle including decreased neurological and sensory findings that would warrant the needs of an MRI. Therefore, the request IS NOT medically necessary.

MRI (magnetic resonance imaging) of the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, <http://www.odg-twc.com/odgtwc/hip.htm>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 303, 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRI Chapter 'Hip & Pelvis (Acute & Chronic)' and topic 'MRI's

Decision rationale: The patient presents with pain in his lumbar spine, right hip, right knee, right foot, and right leg. The request is for a MRI OF THE LUMBAR SPINE, RIGHT ANKLE, AND RIGHT HIP. The patient has localized low back pain, right ankle swelling/numbness/weakness, fatigue, difficulty sleeping, stress, and depression. There is spasm and tenderness to palpation of the paraspinal muscles of the lumbar spine and a positive straight leg raise on both the right and left side. There is tenderness to pressure over the bilateral lateral hips, a restricted range of motion, and tenderness to pressure over the right ATFL. For special diagnostics, ACOEM Guidelines page 303 states, 'Unequivocal objective that identify specific nerve compromise and neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study.' ODG Guidelines low back chapter MRI topic state that, 'MRI or tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, nerve compromise, recurrent disk herniation).' The ACOEM Guidelines page 374 on MRI of the foot/ankle states, 'Imaging may be indicated to clarify the diagnosis and assist reconditioning...Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery.' ODG states, 'MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci, and joint cartilage structures than x-ray or computerized axial tomography in the evaluation of traumatic or degenerative injuries.' ODG guidelines, chapter 'Hip & Pelvis (Acute & Chronic)' and topic 'MRI's (magnetic resonance imaging)', states the following: 'MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films.' The reason for the request is not provided. The patient had a prior MRI of the lumbar spine on 11/15/13 which multilevel 1-2 mm posterior disc protrusions and loss of lordosis likely due to myospasm. In this case, there are no new injuries, no significant change in examination findings, no bowels/bladder symptoms or new locations of symptoms that would require additional investigation. Review of the reports does not indicate if the patient had a prior MRI of his right ankle. The patient has tenderness to pressure over the right anterior talofibular ligament and no further positive exam findings are provided. There are no discussions regarding the ankle including decreased neurological and sensory findings that would warrant the need of an MRI. The 11/15/13 MRI of the right hip was 'unremarkable.' The treater does not explain why another set of MRI's are needed. There is lack of discussion regarding failure of conservative care and suspicion for various disorders of the hip

or surrounding soft tissues to allow for a MRI of the right hip. The requested MRI of the lumbar spine, right ankle, and right hip ARE NOT medically necessary.