

Case Number:	CM15-0110128		
Date Assigned:	06/19/2015	Date of Injury:	02/05/2007
Decision Date:	10/02/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 50 year old male with a February 5, 2007 date of injury. A progress note dated May 1, 2015 documents subjective findings (constant moderate lower back pain and stiffness rated at a level of 6/10), objective findings (decreased range of motion of the lumbar spine; tenderness to palpation of the lumbar paravertebral muscles; spasm of the lumbar paravertebral muscles; Nachlas positive bilaterally), and current diagnoses (lumbar disc protrusion; lumbar musculoligamentous injury; lumbar sprain/strain; sciatica). Prior treatments were not documented in the medical record submitted for review. The treating physician documented a plan of care that included electromyogram of two extremities with or without related paraspinal area, motor nerve conduction study of the lumbar spine, sensory nerve conduction study of the lumbar spine, magnetic resonance imaging of the lumbar spine, urinalysis, Ibuprofen, Prilosec, Flexeril, and a pain management referral for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of 2 extremities with or without related paraspinal areas: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/EMG.

Decision rationale: According to the physician progress note of 5/1/15 this worker complained of low back pain and stiffness. There is no mention of complaint of neurological symptoms. There were no neurological signs documented in the objective findings portion of the note. A rationale for EMG study was not provided. Although EMG is recommended in the ODG as an option to obtain unequivocal evidence of radiculopathy, the record did not document symptoms or signs to suggest radiculopathy. Therefore, the requested treatment is not medically necessary.

Motor nerve conduction study of lumbar spine w/o F-wave x 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Nerve Conduction Study.

Decision rationale: According to the physician progress note of 5/1/15 this worker complained of low back pain and stiffness. There is no mention of complaint of neurological symptoms. There were no neurological signs documented in the objective findings portion of the note. A rationale for NCV study was not provided. According to the ODG, nerve conduction studies are not recommended in low back pain. Furthermore, the record did not document symptoms or signs to suggest radiculopathy or motor impairment. Therefore, the requested treatment is not medically necessary.

Sensory nerve conduction study of the lumbar spine x 2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Nerve Conduction Study.

Decision rationale: According to the physician progress note of 5/1/15 this worker complained of low back pain and stiffness. There is no mention of complaint of neurological symptoms. There were no neurological signs documented in the objective findings portion of the note. A rationale for NCV study was not provided. According to the ODG, nerve conduction studies are not recommended in low back pain. Furthermore, the record did not document symptoms or signs to suggest radiculopathy or sensory impairment. Therefore, the requested treatment is not medically necessary.

MRI of the 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): 290, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/MRI.

Decision rationale: The guidelines state that imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. Red flag signs to be considered in evaluation for a progressive neurological deficit include severe low back pain, progressive numbness or weakness, significant progression of weakness, significant increased sensory loss, new motor weakness, or radicular signs. According to the ODG, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The physician progress note of 5/1/15 states the worker is complaining of low back pain but does not indicate that this is progressive. There is no indication in the record of weakness or numbness or radicular signs. The record indicates this worker had a previous MRI 2/28/2013. The physician progress note of 5/1/15 does not indicate that this worker has had a significant change in symptoms suggesting significant pathology.

Urinalysis: 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 www.nlm.nih.gov/medlineplus/ency/article/003579.htm.

Decision rationale: Medline Plus provides a long list of indications for a urinalysis. This worker's diagnoses including lumbar disc protrusion, lumbar musculoligamentous injury, lumbar sprain/strain, and sciatica are not included in this list. There is no subjective or objective data in the record to indicate the need for a urinalysis such as symptoms of UTI, kidney disease, rhabdomyolysis, etc. Therefore, the requested treatment is not medically necessary.

Ibuprofen 800mg, Rx: 5/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Nonsteroidal anti-inflammatory drugs such as Ibuprofen may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side

effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no benefit from the use of nonsteroidal anti-inflammatory drugs with this worker or of a trial of acetaminophen. Therefore, the requested treatment is not medically necessary.

Prilosec 20mg Rx: 5/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: According to the MTUS, proton pump inhibitors such as prilosec are indicated for patients on NSAIDs at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker is at risk for gastrointestinal events or has any other indication for a PPI. Therefore, prilosec cannot be considered to be medically necessary.

Flexeril 10mg Rx: 5/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42, 63-66.

Decision rationale: According to the MTUS, muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Flexeril are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Flexeril is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. This worker has chronic pain and there is no indication that he is experiencing an acute exacerbation of his pain. Furthermore, the quantity/duration requested is not provided and an open ended duration would not be medically appropriate in any case.

Pain management referral for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 96.

Decision rationale: According to the MTUS, "Further evaluation by a specialist with additional expertise in psychiatry, pain medicine, or addiction medicine should be considered when there is evidence of no improvement of pain with increasing doses of opioids." There is no indication in the record that this worker has had a trial of opioids, other medications, or other means of pain control that have failed. The need for a pain management referral has not been provided. Therefore, the requested treatment is not medically necessary.