

<b>Case Number:</b>	CM15-0112451		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 50 year old male, who sustained an industrial injury on 3/17/2014. The current diagnoses are lumbar radicular pain, lumbar radiculopathy, obstructive sleep apnea, and sleep disturbance. According to the progress report dated 4/28/2015, the injured worker complains of intermittent, dull low back pain with associated numbness in his bilateral lower extremities. He notes that this has improved with both the recent lumbar epidural steroid injection as well as Gabapentin. The pain is rated 3-7/10 on a subjective pain scale. The current medications are Gabapentin. Treatment to date has included medication management, physical therapy, computed tomography scan, and epidural steroid injection. The plan of care includes 12 physical therapy sessions, Gabapentin, Melatonin, 12 acupuncture sessions, and EMG of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Workers Compensation (TWC); Low Back Chapter (Acute & Chronic) and Occupational Medicine Practice Guidelines, 2nd Edition, (2004), pages 298 and 299.

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

**Decision rationale:** According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Per ODG, patients should be formally assessed after a "6-visit trial" to see progress made by patient. When the duration and/or number of visits have exceeded the guidelines, exceptional factors should be documented. Additional treatment would be assessed based on functional improvement and appropriate goals for additional treatment. According to the records, this patient, in this case, the patient had 3 sessions of PT with heavyweight exercises, which exacerbated his low back pain. There is no specific indication for the additional 12 PT sessions at this time. Medical necessity for the additional PT visits requested has not been established. The requested PT services are not medically necessary.

**Gabapentin 300mg #90 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 17-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) AEDs.

**Decision rationale:** According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The records documented that this patient has neuropathic pain related to his chronic low back condition. Neurontin has been part of his medical regimen and there is documentation of subjective improvement in his pain with the use of Neurontin. Medical necessity for Neurontin has been established. The requested medication is medically necessary.

**Melatonin 2mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Chapter: Mental Illness & Stress last updated 3/25/15.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

**Decision rationale:** According to the ODG, melatonin and melatonin-receptor agonists can be used for the treatment of insomnia. Melatonin is involved in the synchronization of the circadian rhythms of physiological functions including sleep timing and blood pressure

regulation. The medication works by shifting the circadian clock earlier, thus promoting earlier sleep onset and morning awakening. The documentation indicates the patient has a sleep disturbance but he also has obstructive sleep apnea and uses CPAP. There is no specific indication for melatonin use. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Acupuncture QTY: 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, there is documentation of previous acupuncture visits with reported pain relief; however, there is no documentation of the previous number of acupuncture treatments completed or objective functional improvement. Medical necessity for the acupuncture sessions (12) has not been established. The requested services are not medically necessary.

**EMG bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Low Back Chapter last updated 5/15/15.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** There is documentation provided necessitating EMG testing of both lower extremities. According to the ODG, Electromyography (EMG) and nerve conduction studies are an extension of the physical examination. They can be useful in adding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. According to ACOEM Guidelines, needle EMG and H- reflex tests to clarify nerve root dysfunction are recommended for the treatment of low back disorders. In this case, there were physical exam findings consistent with radiculopathy. Medical necessity for the requested study has been established, as guideline criteria have been met. The requested study is medically necessary.