

Case Number:	CM15-0115766		
Date Assigned:	06/23/2015	Date of Injury:	10/06/2013
Decision Date:	08/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 injured worker is a 58 year old female who sustained a work related injury October 6, 2013. While cleaning a bathroom, she slipped on soap and fell backwards, landing on her buttocks. She developed sharp low back pain and right leg pain. Past history included diabetes mellitus and hypercholesterolemia. According to an initial physical medicine examination, dated May 12, 2015, the injured worker presented with intermittent lower back pain, rated 9-10/10, which occasionally radiates to the right leg. The right leg pain, rated 8/10, radiates to her foot with associated numbness and tingling. She has difficulty standing and walking for prolonged periods of time and difficulty sleeping. Physical examination of the lumbar spine revealed spasm in the paraspinal muscles and tenderness to palpation, range of motion restricted and sensation reduced in the right foot. Straight leg raise performed sitting and positive on the right and normal heel toe walking. Impressions are lumbar radiculopathy; enthesopathy of hip. At issue, is the request for authorization for Omeprazole, physical therapy, MRI of the lumbar spine, and EMG/NCV (electromyography and nerve conduction velocity studies) 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:

Omeprazole 20mg daily #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents on 05/12/15 with lower back pain rated 9-10/10 which sometimes radiates into the right lower extremity with associated numbness and tingling sensation. The right lower extremity pain is rated 7/10 at best, 8/10 at worst. The patient's date of injury is 10/06/13. Patient has no documented surgical history directed at this complaint. The request is for Omeprazole 20mg daily #30 with 2 refills. The RFA is dated 05/12/15. Physical examination dated 05/12/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, reduced sensation in the right foot, and positive straight leg raise test on the right. The patient is currently prescribed Metformin, Glipizide, and Lovastatin. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Omeprazole, the provider has not included GI assessment or complaints of GI upset to substantiate such a medication. It is unclear how long this patient has been prescribed Omeprazole or to what effect, as only two progress notes were provided. In addition, this patient is currently not prescribed an NSAID medications for which Omeprazole is considered an appropriate in the prevention of NSAID-induced gastritis. There is no discussion of gastric complaints, or evidence of GI symptom relief owing to PPI utilization. Therefore, the request is not medically necessary.

Physical Therapy 24 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: The patient presents on 05/12/15 with lower back pain rated 9-10/10 which sometimes radiates into the right lower extremity with associated numbness and tingling sensation. The right lower extremity pain is rated 7/10 at best, 8/10 at worst. The patient's date of injury is 10/06/13. Patient has no documented surgical history directed at this complaint. The request is for physical therapy 24 visits. The RFA is dated 05/12/15. Physical examination dated 05/12/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, reduced sensation in the right foot, and positive straight leg raise test on the right. The patient is currently prescribed Metformin, Glipizide, and Lovastatin. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment

frequency-from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 24 physical therapy sessions for the lumbar spine, the provider has exceeded guideline recommendations. The documentation does not include evidence that this patient has had any physical therapy to date. MTUS allows for 8-10 sessions of physical therapy for complaints of this nature, were the request for 8-10 sessions, the recommendation would be for approval. However, 24 sessions of physical therapy exceeds guideline recommendations and cannot be substantiated. Therefore, the request is not medically necessary.

MRI of the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Lumbar and thoracic Chapter (Online Version).

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 under MRI.

Decision rationale: The patient presents on 05/12/15 with lower back pain rated 9-10/10 which sometimes radiates into the right lower extremity with associated numbness and tingling sensation. The right lower extremity pain is rated 7/10 at best, 8/10 at worst. The patient's date of injury is 10/06/13. Patient has no documented surgical history directed at this complaint. The request is for MRI of the lumbar spine. The RFA is dated 05/12/15. Physical examination dated 05/12/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, reduced sensation in the right foot, and positive straight leg raise test on the right. The patient is currently prescribed Metformin, Glipizide, and Lovastatin. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. For special diagnostics, ACOEM Guidelines page 303 states, "unequivocal and equivocal objective findings that identify specific nerve compromise on 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 on low back chapter MRI topic states that "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until 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" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. In regard to the initial lumbar MRI directed at this patient's lower back pain, the request is reasonable. The progress report dated 05/12/15 indicates that this patient has been experiencing unresolved lower back pain with a radicular component lasting over 7 months, and there is no evidence of MRI imaging of the lumbar spine to date. Progress note dated 05/12/15 documents unequivocal objective findings of specific nerve compromise; namely a positive straight leg raise test on the right side and reduced sensation in

the right foot. MRI imaging could provide valuable insight into this patient's condition and improve the course of care. Therefore, the request is medically necessary.

EMG/NCS of Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar and Thoracic Chapter.

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 under EMGs-electromyography Low Back chapter under Nerve conduction studies -NCS.

Decision rationale: The patient presents on 05/12/15 with lower back pain rated 9-10/10 which sometimes radiates into the right lower extremity with associated numbness and tingling sensation. The right lower extremity pain is rated 7/10 at best, 8/10 at worst. The patient's date of injury is 10/06/13. Patient has no documented surgical history directed at this complaint. The request is for EMG/NCS of bilateral lower extremities. The RFA is dated 05/12/15. Physical examination dated 05/12/15 reveals tenderness to palpation of the lumbar paraspinal muscles with spasms noted, reduced sensation in the right foot, and positive straight leg raise test on the right. The patient is currently prescribed Metformin, Glipizide, and Lovastatin. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. ODG Low Back chapter under EMGs (electromyography) ODG states, "recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG, Low Back chapter under Nerve conduction studies-NCS- states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electro-diagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." The medical records provided do not indicate that the patient has previously obtained electrodiagnostic studies of the lower extremities. The treating physician in this case has documented that the patient has radicular right leg pain with associated paresthesia. The examination findings indicate a positive SLR on the right with no documentation of any clinical findings affecting the left leg. There is no obvious radiculopathy affecting the left leg and in fact there are no clinical findings to support performing EMG/NCV testing on the left. While there is uncertainty in the clinical diagnosis of radiculopathy affecting the right leg which may require EMG/NCV testing, the current request is for bilateral lower extremity EMG/NCV testing. Therefore, the current request as written is not supported by guidelines and is not medically necessary.