

Case Number:	CM15-0116464		
Date Assigned:	06/24/2015	Date of Injury:	11/19/2014
Decision Date:	09/23/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/16/2015

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 61 year old female, who sustained an industrial injury on November 19, 2014. Treatment to date has included medications, diagnostic imaging, physical therapy and cortisone injection. Currently, the injured worker complains of increased pain in the thoracic and lumbar spine. She describes the pain as constant and sharp. The pain is increased with prolonged standing and walking and she rates the pain an 8-9 on a 10-point scale. On physical examination the injured worker has tenderness to palpation and spasm of the thoracic and lumbar spine. She has a decreased range of motion of the thoracic spine and positive straight leg raise test bilaterally. The diagnoses associated with the request include thoracic spine sprain/strain and lumbar spine sprain/strain. The treatment plan includes Tramadol, naproxen, pantoprazole sodium; x-rays of the cervical, thoracic and lumbar spine; EMG/NCV of the bilateral lower extremities and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray (s) Thoracic Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

Decision rationale: The current request is for X-Ray(s) Thoracic Spine. The RFA is dated 05/28/15. Treatment to date has included medications, diagnostic imaging, physical therapy and cortisone injection. ACOEM chapter 8 guidelines on special studies for C-spine (p177,178) states radiography of the c-spine is not recommended except for indications including, "emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program, and clarification of the anatomy prior to an invasive procedure." ODG guidelines, Low Back- Lumbar & Thoracic Chapter, under Flexion / Extension Imaging Studies, state the following: Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. The patient was initially seen by an orthopedic doctor on 01/26/15 and underwent x-rays of the thoracic and lumbar spine which were unremarkable. The reports were not provide for review. The patient is being treated by a new physician who is requesting a full series of testing including x-rays of the cervical, thoracic and lumbar spine, MRI of the l-spine, and EMG/NCV of the lower extremities. Per report 02/16/15, the patient has back pain with tenderness, "no numbness, weakness." Per report 05/20/15, the patient present with of increased pain in the thoracic and lumbar spine. On physical examination, there is tenderness to palpation and spasm of the thoracic and lumbar spine. She has a decreased range of motion of the thoracic spine and positive straight leg raise test bilaterally. In this case, this patient does not present with any red flags, or neurologic dysfunction to warrant an X-rays of the thoracic. The guidelines do not support routine X-rays. The requested x-ray IS NOT medically necessary.

X-Ray (s) Lumbar Spine: Upheld

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

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

Decision rationale: The current request is for X-Ray (s) Lumbar Spine. The RFA is dated 05/28/15. Treatment to date has included medications, diagnostic imaging, physical therapy and cortisone injection. For radiography of the low back, ACOEM ch12, low back, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." ODG further states, "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients

who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The patient was initially seen by an orthopedic doctor on 01/26/15 and underwent x-rays of the thoracic and lumbar spine, which were unremarkable. The reports were not provide for review. The patient is being treated by a new physician who is requesting a full series of testing including x-rays of the cervical, thoracic and lumbar spine, MRI of the l-spine, and EMG/NCV of the lower extremities. Per report 02/16/15, the patient has back pain with tenderness, "no numbness, weakness." Per report 05/20/15, the patient present with of increased pain in the thoracic and lumbar spine. On physical examination, there is tenderness to palpation and spasm of the thoracic and lumbar spine. She has a decreased range of motion of the thoracic spine and positive straight leg raise test bilaterally. In this case, the patient does not present with serious spinal injury, neurological deficit from trauma or suspected fracture to warrant x-rays of the lumbar spine. The requested x-ray IS NOT medically necessary.

MRI Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

Decision rationale: The current request is for MRI Lumbar Spine. The RFA is dated 05/28/15. Treatment to date has included medications, diagnostic imaging, physical therapy and cortisone injection. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. "Repeat MRI's are indicated only if there has been progression of neurologic deficit." The patient was initially seen by an orthopedic doctor on 01/26/15 and underwent x-rays of the thoracic and lumbar spine which were unremarkable. The report were not provide for review. The patient is being treated by a new physician who is requesting a full series of testing including x-rays of the cervical, thoracic and lumbar spine, MRI of the l-spine, and EMG/NCV of the lower extremities. Per report 05/20/15, the patient present with of increased pain in the thoracic and lumbar spine. On physical examination, there is tenderness to palpation and spasm of the thoracic and lumbar spine. She has a decreased range of motion of the thoracic spine and positive straight leg raise test bilaterally. The requested MRI of the lumbar spine is "to rule out internal derangement." There is no indication of prior MRI of the lumbar spine. The patient reports continued pain and examination findings revealed positive SLR bilaterally. Given the examination finding, the request appears reasonable and is in accordance to guidelines indications. This request IS medically necessary.

EMG/NCV BLE: Overturned

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 - Lumbar & Thoracic (Acute & Chronic) chapter under EMG.

Decision rationale: The current request is for EMG/NCV BLE. The RFA is dated 05/28/15. Treatment to date has included medications, diagnostic imaging, physical therapy and cortisone injection. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter regarding EMG (electromyography), state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) 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 Guidelines, Low back - Lumbar & Thoracic (Acute & Chronic) chapter regarding Nerve conduction studies (NCS) states that NCV studies are Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Per report 05/20/15, the patient present with of increased pain in the thoracic and lumbar spine. On physical examination, there is tenderness to palpation and spasm of the thoracic and lumbar spine. She has a decreased range of motion of the thoracic spine and positive straight leg raise test bilaterally. The requested EMG/NCV of the bilateral lower extremities is to rule out radiculopathy and peripheral neuropathy. Progress reports do not document prior EMG/NCV of the lower extremities. The patient suffers from lower back pain with positive bilateral straight leg raise. In this case, the patient may benefit from this testing as it can lead to accurate diagnosis and treatment. Given the patient's symptoms, the request appears reasonable and IS medically necessary.

Tramadol 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The current request is for Tramadol 150 MG #30. The RFA is dated 05/28/15. Treatment to date has included medications, diagnostic imaging, physical therapy and cortisone injection. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it

takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." The patient has been prescribed Tramadol since at least 02/16/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia and there are no documentation regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract are provided either. Given the lack of documentation as required by MTUS, the request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

Naproxen 550 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 127-128.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

Decision rationale: The current request is for Naproxen 550 MG #30. The RFA is dated 05/28/15. Treatment to date has included medications, diagnostic imaging, physical therapy and cortisone injection. MTUS for chronic pain guidelines under Anti-inflammatory Medications on page 22 states: "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." Naproxen has been prescribed since 03/24/15. The progress reports provided no discussion regarding the efficacy of Naproxen. MTUS Chronic Pain Guidelines under MEDICATIONS FOR CHRONIC PAIN, page 60, states "A record of pain and function with the medication should be recorded." Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request IS NOT medically necessary.