

Case Number:	CM15-0119396		
Date Assigned:	06/29/2015	Date of Injury:	03/12/2014
Decision Date:	09/25/2015	UR Denial Date:	05/25/2015
Priority:	Standard	Application Received:	06/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 38-year-old female, who sustained an industrial injury on 3/12/14. She has reported initial complaints of low back, right knee and left shoulder pain with injury at work. The diagnoses have included rule out lumbar Herniated Nucleus Pulposus (HNP) and rule out lumbar radiculopathy. Treatment to date has included medications, physical therapy and chiropractic therapy. Currently, as per the physician progress note dated 4/21/15, the injured worker complains of pressure to the low back that is rated 2/10 on pain scale. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine, x-rays of the lumbar spine, Magnetic Resonance Imaging (MRI) of the left shoulder, electromyography (EMG) of the bilateral upper extremities and electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities. The current medications included Gabapentin, Ultracet and Lidopro cream. The physical exam reveals tenderness to palpation over the lumbar spine muscles and decreased lumbar range of motion due to pain. The right knee exam reveals that the bruising has resolved. The previous therapy sessions were not noted. Work status is temporarily partially disabled for 6 weeks with restrictions. The physician requested treatments included MRI (Magnetic Resonance Imaging) of the lumbar spine due to persistent radicular complaints, Gabapentin 600mg for neuropathic pain, Tramadol/APAP (acetaminophen) 37.5/375mg, General orthopedic follow-up, Follow-up with orthopedic surgery in 6 weeks, and Chiropractic Physiotherapy 2 times a week for 4 weeks, quantity of 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine: 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, MRIs (Magnetic resonance imaging).

Decision rationale: Per the ODG guidelines with regard to MRI of the lumbar spine: Recommended for indications below. MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. An important limitation of magnetic resonance imaging in the diagnosis of myelopathy is its high sensitivity. Indications for imaging Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, neurological deficit. Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit). Uncomplicated low back pain, suspicion of cancer, infection, other "red flags." Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome-Myelopathy (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease patient. Myelopathy, oncology patient. Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Per progress report dated 4/21/15, the injured worker complained of intermittent pressure to the low back. She denied any radiation of pain, numbness, weakness or tingling into her bilateral lower extremities. She rated her pain 2/10 on the pain scale. The documentation submitted for review does not contain positive physical examination findings regarding the lumbar spine or indication of subjective complaints of pain to the lumbar spine noted for review that would support the role of an MRI. There are no documented motor, sensory or functional deficits, or aforementioned indication. Without evidence of acute change in injured worker's clinical symptoms or positive physical examination findings, an MRI is not supported. The request is not medically necessary.

Gabapentin 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states

"Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review did not contain evidence of improvement in function. As such, the request is not medically necessary.

Tramadol/APAP (acetaminophen) 37.5/375mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, therefore the request is not medically necessary.

General orthopedic follow-up: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a

diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. While it is noted that the orthopedic follow up is in regards to the left shoulder, bilateral forearm, bilateral wrist, bilateral hands, and right knee. The documentation does not contain clinical findings supporting follow up. The request is not medically necessary.

Follow-up with orthopedic surgery in 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested referral has not been sufficiently established by the documentation available for my review. The documentation does not specify what the ortho surgery consult will address. The documentation submitted for review does not any plan for surgical intervention. The request is not medically necessary.

Chiropractic Physiotherapy 2 times a week for 4 weeks, quantity: 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

Decision rationale: With regard to chiropractic treatment, the MTUS CPMTG states: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." Per the ODG TWC, a trial of 6 visits over 2 weeks is supported, with evidence of objective functional improvement, up to 18 visits over 6-8 weeks. The documentation submitted for review indicates that the injured worker has previously completed 6 sessions of chiropractic treatment for the bilateral shoulders with moderate relief, however, there was no documentation of objective functional improvement. The request is not medically necessary.