

Case Number:	CM15-0140509		
Date Assigned:	07/31/2015	Date of Injury:	07/22/2013
Decision Date:	10/20/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/20/2015

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, California
 Certification(s)/Specialty: Emergency Medicine

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 44 year old male, who sustained an industrial injury on 7-22-13. He reported pain in low back with numbness and tingling while working as a driver, driving 6-10 hours a day. The injured worker was diagnosed as having sciatica and lumbar disc displacement without myelopathy. Treatment to date has included 12 sessions of chiropractic treatment, 6 sessions of massage therapy, 12 sessions of cognitive behavior therapy and 6 sessions of biofeedback therapy, oral medications including Hydrocodone 5-325mg, Cymbalta 20mg, Docusate Sodium 100mg and Naproxen Sodium 550mg; H-wave unit and activity restrictions. (EMG) Electromyogram of lower extremities performed on 1-6-15 was grossly normal, (MRI) magnetic resonance imaging of lumbar spine performed on 9-18-13 revealed L3-4 left foraminal protrusion and L4-5 small right lateral foraminal protrusions with a small right lateral annular fissure. Currently on 6-9-15, the injured worker complains of pain in right hip, right knee and lower back with radicular symptoms. He is noted to be tearful and notes an increase in pain in lower extremities with pain in lateral aspect of right lower extremity extending to his knee. He also continues to note numbness in left anterior thigh with radiation to left anterior shin and decreased left hand grip strength. Pain is made worse with extended periods of sitting and improved with walking. He also notes right knee pain, which is exacerbated by extended periods of walking. He notes 30% decrease in pain with Hydrocodone allowing him functional benefit of increased sleep and increased ability to do chores around the house. Work status is currently modified restrictions. Objective findings on 6-9-15 noted anxious and in pain, an antalgic gait, restricted lumbar range of motion and spasm and guarding of lumbar spine. The treatment plan

included prescriptions for Docusate sodium 100mg, Tramadol 50mg and Naproxen Sodium 550mg, 12 chiropractic sessions, neurology consultation, lab work, cervical (MRI) magnetic resonance imaging and foam roller.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI without Contrast: 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 Official Disability Guidelines (ODG) MRI (magnetic resonance imaging) neck.

Decision rationale: CA MTUS is silent on this topic. ODG recommends cervical (MRI) magnetic resonance imaging for chronic neck pain after 3 months of conservative treatment, with normal radiographs and neurologic signs present, neck pain with radiculopathy, chronic neck pain with radiographs which show spondylosis, old trauma or bone or disc margin destruction, suspected cervical spine trauma, neck pain or clinical findings of ligamentous injury, known cervical trauma and upper back-thoracic spine trauma with neurological deficit. ODG states patients who have not lost consciousness, not under the influence of alcohol or drugs, have no distracting injuries, no cervical tenderness, no neurologic findings and have never lost consciousness do not need cervical (MRI) magnetic resonance imaging. In this case, there is no indication of red flags. Physical exam did not indicate any neurologic abnormalities requiring a cervical (MRI) magnetic resonance imaging. The request for cervical (MRI) magnetic resonance imaging is not medically necessary.

Naproxen sodium 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drug) Page(s): 67-71.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). CA MTUS recommends oral NSAIDs for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit documented from use of this medication. Medical necessity of

the requested medication has not been established. The request for Naproxen is not medically necessary.

Neurology consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines 2nd Edition 2004 Chapter 7 page 127.

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 pain - office visit.

Decision rationale: CA MTUS is silent on this topic. The above referenced ODG guidelines were utilized. A detailed review of records revealed that at the monthly exam dated 5/27/15, the IW requested to see a neurologist for evaluation because he feels that his "neurologic symptoms were spreading throughout his body." He states that he "will have tingling and tremor in the legs when he does not have pain in the legs." The physical examination documented from this date of treatment reveals normal muscle tone without atrophy in all extremities. There is no neurologic exam documented. The IW is reported to have an antalgic gait. There is no documentation of observed tremors. There is no muscle strength or sensory exam documented. The treatment plan from this visit states "He is concerned about having an epidural injection without knowing the source of the tremors. He would like to see a neurologist. After much discussion today, we will request authorization for a neurology consultation regarding the lower extremity tremors." At a visit dated 6/9/15, the IW continued to report tremors in his lower extremities as well as in his left hand. There was not report of observed tremors and there was no neurologic examination documented at this visit. The request for a neurologic evaluation was re-iterated and would be followed-up. This request was denied by UR on 6/19/15. This decision was appealed on 6/26/2015. An office note dated 7/7/2015 states the neurology consultation was approved and the IW has an appointment scheduled. On 7/15/15 the IW underwent a neurology consultation. The first sentence of this consultation states "[REDACTED] is referred to my office for an approved neurology consultation." The documentation to support the approval for this consultation was not found in the submitted documentation. It was noted in the submitted records that the IW was attending psychological treatment during this same timeframe. There is no documentation in any of these records regarding tremors, either subjective or objective. The IW was reported to be, during the month of June, practicing Tai Chi and swimming days a week. The records do not support the indication for a neurology consultation. The submitted evaluations do not include any objective findings to warrant this referral. There is no documentation across several providers of witnessed tremors. There is no documentation of a neurologic examination. There is no diagnostic differential or concern highlighted in the documentation to justify the referral. It appears from the records the referral was made at the request of the IW based on subjective symptoms alone. It should be noted that there are two instances in the record that indicate the referral has previously been approved, although the UR approval was not submitted for review. The ODG guidelines states medical office visits are recommended as determined to be medically necessary. In this case, the request for a neurology consultation, either as a de novo request or as a repeat consultation request, is not medically necessary based on the submitted documentation.

Chiropractic treatment (sessions) QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: CA MTUS chronic pain guidelines for manual therapy and manipulation are used in support of this decision. This is a request ongoing chiropractic care. The IW had originally been approved for 12 sessions. At the visit dated 5/27/2015, the IW reports that "the chiropractor was treating the neck as well as the back." The IW reported facial numbness and left upper extremity sensory changes as a result of chiropractic intervention. At the visit dated 6/9/15, the provider documented the IW has attended 8 or 12 sessions of chiropractic care and reports back pain decreasing after the sessions with increased tolerance for sitting. The IW reported the facial and arm symptoms related to chiropractic treatment had resolved. There were no notes included in the records that outline the treatments provided at the therapy sessions or any measure of functional improvement from these sessions. There was not documentation of objective evidence that the IW was experiencing less pain, using fewer medications, or had improved function with daily activities. The IW remained on modified work or TTD if modifications were not available. A submission from the chiropractor on 6/23/15 states "chiropractic adjustments 2 times per week and massage 1 time per week for 4 weeks in order to cure and relieve from the effects of the flare-up/injury. On the 8th visit, the patient will be retrained on self-help measures including home care and therapeutic exercises to strengthen and stabilize the supportive musculature of the spine and provide lasting effects of treatment." It is unclear from the records what home care exercises the IW had been prescribed or if he had been performing them. The above referenced guidelines do not support ongoing or maintenance care. Guidelines recommends individuals be guided to a home therapy regimen. Any requests for ongoing treatments require evaluation. The injured has had a minimum of 8 visits without documentation of functional improvement or a re-evaluation to support the need for ongoing chiropractic visits. As such, the request for 12 chiropractic visits is not medically necessary.

Foam roller: 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.medscape.com: Are Foam Rollers for Muscle Massage Really Beneficial.

Decision rationale: CaMTUS and ODG are silent on this topic. According to the above referenced article, foam rollers are used as part of a recovery tool and injury prevention program by individuals for the purpose of myofascial release. This article discusses various research studies comparing the use of foam rollers to traditional stretching and their respective impact on

performance. Results suggested foam roller treatment may prove better muscle warm-up care than static stretching. Additionally, individuals were noted to have increased range of motion and decreased muscle soreness and fatigue following exercises when foam rollers were used during a pre-warm up routine. In this case, on 6/9/15, the primary care provider requested a "foam roller as recommended by chiropractor for home rehabilitation." There was no documentation submitted by the chiropractor that documents the use of the foam roller in therapy sessions. There is also no documentation that home exercises or a home rehabilitation program had been established for this patient. Furthermore, documentation did not support any measure of functional improvement resulting from the chiropractic treatments. On the date of this request, further chiropractic visits were also requested suggesting a limited, if existent, home rehabilitation program. The instructions for, location of, and frequency of care with a foam roller was noted included. Without supporting documentation, the request for a foam roller is determined not medically necessary.