

Case Number:	CM15-0096025		
Date Assigned:	07/15/2015	Date of Injury:	06/10/2007
Decision Date:	09/22/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/19/2015

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

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 52 year old male who sustained a work related injury June 10, 2007. He was compressed between two 1500-2000 pound tortilla tanks and reported injury to right groin hernia (surgically repaired in 2007), and pain in the left groin and lumbar spine. He initially underwent x-rays of the lumbar and thoracic spine and a lumbar MRI and was sent back to work on full duty. His pain advanced to include cervical pain with radiation down the bilateral shoulders and bilateral arms. He underwent physical therapy for three months, medication and a TENS unit. Past history included lumbar spine surgery 2000. An MRI of the lumbar spine performed March 15, 2015 (report present in the medical record), revealed posterior disc bulge-protrusions; L3-4 2-3 mm - 2-3 mm; L4-5 3-4 mm; and L5-S1 3-4 mm. According to an orthopedic re-evaluation dated March 25, 2015, the injured worker presented with severe back pain, inguinal hernia pain, and bilateral shoulder pain, described as moderate to severe. Physical examination reveals decreased motor and sensory from L3-S1 bilaterally. He discussed the MRI results with the injured worker. Diagnoses are bilateral shoulder impingement syndrome and early post-traumatic arthritis of the acromioclavicular joints; herniated nucleus pulposus at L4-5, L5-S1 with nerve root impingement at L5-S1 bilaterally; probably right inguinal hernia; s/p left shoulder rotator cuff repair and partial claviclectomy; s/p right shoulder arthroscopic subacromial decompression and partial distal claviclectomy; right elbow lateral epicondylitis secondary to cane use. At issue is the request for authorization for electrodiagnostic and nerve conduction velocity studies, solar-care heating system, extra- large back brace, Flexeril, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

One NCV/EMG: Overturned

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

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 Nerve conduction studies.

Decision rationale: This patient presents with lower back and bilateral shoulder pain. The current request is for One NCV/EMG. The RFA is dated 03/06/15. Treatment history includes physical therapy, ESIs, TEN unit, medications and right shoulder surgery 2011 and lumbar spine surgery 2000. The patient is not working. For EMG, ACOEM Guidelines Chapter 12 page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." Regarding Nerve conduction studies, ODG (Chronic Pain) guidelines Low Back Chapter, under Nerve conduction studies 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 guidelines Low Back Chapter for Electrodiagnostic studies (EDS) states, "(NCS) which are not recommended for low back conditions, and EMGs (Electromyography) which are recommended as an option for low back". According to report 03/06/15, the patient presents with worsening of his lower back pain. Physical examination revealed patient is using a rolling walker and he cannot walk for more than a few feet without it. There was also decreased motor and sensory from L3-S1 bilaterally noted, and positive SLR bilaterally. The treater states that MRI and the nerve conduction/EMG is being requested as the patient is to see the spine surgeon for possible lumbar surgery. In this case, given the patient's worsening of symptoms, complaints of radiating pain into the lower extremity and positive SLR, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy before surgery is considered. There is no indication of any recent EMG/NCV testing and therefore, the request for EMG/NCV of the lower extremities is medically necessary.

One Solar-care heating system: 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) Low Back Chapter under infrared therapy.

Decision rationale: The ACOEM and MTUS guidelines do not discuss Solar-care heating system. Therefore, ODG guidelines were referenced. ODG Chronic Pain Guidelines under the

Low Back Chapter regarding infrared therapy states, "Not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise)". According to report 03/06/15, the patient presents with worsening of his lower back pain. Physical examination revealed patient is using a rolling walker and he cannot walk for more than a few feet without it. There was also decreased motor and sensory from L3-S1 bilaterally noted, and positive SLR bilaterally. The treater recommended a "Solar-care FIR heating system" for home use. In this case, the patient's presents with chronic low back pain and ODG states a limited trial may be considered for treatment of "acute" pain. In addition, this heat modality is not recommended over other heat therapies. Therefore the request is not medically necessary.

One extra large back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic Chapter under lumbar supports.

Decision rationale: This patient presents with lower back and bilateral shoulder pain. The current request is for one extra-large back brace. The RFA is dated 03/06/15. Treatment history includes physical therapy, ESIs, TEN unit, medications and right shoulder surgery 2011 and lumbar spine surgery 2000. The patient is not working. ACOEM Guidelines Chapter 12 page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG, Lumbar & Thoracic Chapter under lumbar supports, states: "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months". According to report 03/06/15, the patient presents with worsening of his lower back pain. Physical examination revealed patient is using a rolling walker and he cannot walk for more than a few feet without it. There was also decreased motor and sensory from L3-S1 bilaterally noted, and positive SLR bilaterally. The treater dispensed a new back brace as the "other one worn out completely". It was noted that the patient "gets a great deal of benefit form the back brace". The guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of the aforementioned conditions are provided for this patient. For non-specific low back pain, there is very low quality evidence. Therefore, the request is not medically necessary.

Unknown prescription of Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with lower back and bilateral shoulder pain. The current request is for Unknown prescription of Gabapentin. The RFA is dated 03/06/15. Treatment history includes physical therapy, ESIs, TEN unit, medications and right shoulder surgery 2011 and lumbar spine surgery 2000. The patient is not working. MTUS chronic pain guidelines have the following regarding Gabapentin on pages 18 and 19: "Gabapentin - Neurontin, Gabarone, generic available- 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." According to report 03/06/15, the patient presents with worsening of his lower back pain. Physical examination revealed patient is using a rolling walker and he cannot walk for more than a few feet without it. There was also decreased motor and sensory from L3-S1 bilaterally noted, and positive SLR bilaterally. The patient's medication regimen includes Gabapentin, Norco 10/325mg, Flexeril, Prilosec and topical creams. The treater requests a refill of Gabapentin. The patient has been using Gabapentin for his "nerve pain" since at least 03/25/15. Per MTUS, Gabapentin is recommended as a first-line treatment for neuropathic and the patient presents with symptoms for which this medication is considered appropriate. However, MTUS page 60 requires documentation of pain and functional improvement when medications are used for chronic pain. In this case, there is no discussion regarding the efficacy of this medication. In fact, it appears that Gabapentin has been non-efficacious, as the patient reports an increase in radicular symptoms and is considering surgical intervention. This request is not medically necessary.

Unknown prescription of Flexeril: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, for pain Page(s): 63-66.

Decision rationale: This patient presents with lower back and bilateral shoulder pain. The current request is for Unknown prescription of Flexeril. The RFA is dated 03/06/15. Treatment history includes physical therapy, ESIs, TEN unit, medications and right shoulder surgery 2011 and lumbar spine surgery 2000. The patient is not working. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions". According to report 03/06/15, the patient presents with worsening of his lower back pain. Physical examination

revealed patient is using a rolling walker and he cannot walk for more than a few feet without it. There was also decreased motor and sensory from L3-S1 bilaterally noted, and positive SLR bilaterally. The patient's medication regimen includes Gabapentin, Norco 10/325mg, Flexeril, Prilosec and topical creams. The treater requests a refill of Flexeril. The patient has been using Flexeril for his muscle spasms since at least 03/25/15. MTUS Guidelines supports the use of Flexeril for short course of therapy, not longer than 2 to 3 weeks. This request is not medically necessary.