

Case Number:	CM15-0098601		
Date Assigned:	05/29/2015	Date of Injury:	10/18/2004
Decision Date:	07/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for chronic low back, mid back, neck, and shoulder pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of October 18, 2004. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve requests for lumbar MRI imaging, Norco, a urine drug screen, and electro diagnostic testing of bilateral lower extremities. The claims administrator referenced a May 5, 2015 RFA form and associated progress note of April 2, 2015 in its determination. The applicant's attorney subsequently appealed. On February 12, 2015, the applicant reported multifocal complaints of bilateral shoulder, mid back, neck, and low back pain. Updated cervical MRI imaging, updated lumbar MRI imaging, and electro diagnostic testing of bilateral upper extremities were proposed. Norco was renewed. The attending provider stated that Norco was diminishing the applicant's pain complaints. It was stated that the applicant was concurrently medical marijuana. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. In a pain management note dated March 13, 2015, it was acknowledged that the applicant last worked in 2004. On April 2, 2015, the attending provider reiterated his request for updated lumbar MRI imaging and electro diagnostic testing of the bilateral lower extremities. Norco and

Klonopin were endorsed. Multifocal complaints of low back, neck, mid back, and bilateral shoulder pain were noted, 6-7/10. The applicant was using both Norco and Klonopin multiple times a day, it was reported. Upper and lower extremity strength scored at 4+ to 5-/5 were reported. The applicant's past medical history was not detailed. The attending provider stated that the applicant had experienced profound neurologic changes but did not state precisely what those changes were. On April 30, 2015, the attending provider again noted that the applicant had multifocal complaints of low back, neck, mid back, and shoulder pain, 6-7/10. The note was highly template and, in large part, identical to preceding notes. The applicant reported derivative complaints of depression and anxiety without suicidal ideation. The applicant was using Norco four times daily and Klonopin 1 mg six tablets daily. The applicant was asked to obtain an updated lumbar MRI, electro diagnostic testing of bilateral lower extremities, neurologic consultation, a cervical MRI, a pain management consultation, and a psychiatric follow-up. Both Klonopin and Norco were renewed, as were the applicant's permanent work restrictions. Drug testing was proposed. It was not stated when the applicant was last drug tested. Drug testing was apparently performed on February 25, 2015 and did include non-standard testing of multiple different amphetamine, opioid, and benzodiazepine metabolites.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: The request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was neither explicit statement (nor an implicit expectation) that the applicant would act on the results of the lumbar MRI in question and/or consider surgical intervention based on the outcome of the same. The fact that multiple different diagnostic studies, namely EMG-NCV testing, MRI imaging of lumbar spine, MRI imaging of cervical spine were concurrently ordered significantly reduced the likelihood that the applicant would act on the results of any one study and/or go on to consider surgical intervention based on the outcome of the same. While one of the attending provider's progress notes stated that the applicant had developed neurologic changes, the attending provider did not clearly state what neurologic changes had been manifested to compel the MRI at issue. As noted above, the bulk of the progress notes on file, including multiple progress notes of early 2015 were essentially identical and did not change appreciably from visit to visit. Therefore, the request was not medically necessary.

Hydrocodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; 6) When to Discontinue Opioids Page(s): 80; 79.

Decision rationale: Similarly, the request for hydrocodone (Norco), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. Here, the applicant did not appear to be working with permanent restrictions in place. The treating provider did not explicitly state whether the applicant was or not working on multiple progress notes of early 2015, referenced above. While the treating provider did state that the applicant's pain scores have been reduced as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the treating provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing opioid therapy. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines further suggests "immediate discontinuation" of applicants who are concurrently using illicit substances. Here, the applicant was using marijuana, an illicit substance. Concurrent usage of Norco was not, thus, indicated in conjunction with the same. Therefore, the request was not medically necessary.

One urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine drug testing was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize applicants into higher- or lower-risk categories for or less frequent drug testing would have been indicated. Here, however, the attending provider did not state why drug testing was being sought so soon after drug testing had recently been performed on February 25, 2015. Earlier drug testing did include non-standard drug testing for multiple different opioid and benzodiazepine metabolites. Such testing did not conform to the best practices of the United States Department of Transportation. The attending provider's progress note likewise failed to outline the applicant's complete medication list. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

One Electromyogram (EMG)/Nerve conduction velocity (NCV) of the bilateral lower extremities with neurological consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303; 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Nerve Conduction Studies (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309; 477. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chronic Pain, 3rd ed, pg 848 4. Recommendation: Nerve Conduction Studies for Diagnosing Peripheral Systemic Neuropathy Nerve conduction studies are recommended when there is a peripheral systemic neuropathy that is either of uncertain cause or a necessity to document extent. Indications & Occupational toxic neuropathies, particularly if there is a concern about confounding or alternate explanatory conditions such as diabetes mellitus. Strength of Evidence & Recommended, Insufficient Evidence (I).

Decision rationale: The requests for electro diagnostic testing of bilateral lower extremities with an associated neurologic consultation were likewise not medically necessary, medically appropriate, or indicated here. The requests were tied together as one larger request. However, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that EMG testing is "not recommended" in applicants who carry a diagnosis of clinically obvious radiculopathy. Here, the applicant was described as having issues with clinically obvious radiculopathy. It was not clearly stated why EMG testing was needed if a diagnosis of lumbar radiculopathy was already clinically evident. In a similar vein, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies (AKA nerve conduction testing) is not recommended without clinical evidence of tarsal tunnel syndrome or other compressive neuropathies. The Third Edition ACOEM Guidelines Chronic Pain Chapter on page 848 that nerve conduction studies are recommended when there is peripheral systemic neuropathy of uncertain cause, here, however, there was no mention of a peripheral neuropathy being suspected. There was no mention of the applicant's carrying superimposed diagnoses such as diabetes, hypothyroidism, alcoholism, etc., which would have predisposed the applicant toward development of a generalized peripheral neuropathy. Thus, neither the EMG nor the NCV components of the request were indicated here. Since multiple components of the request were not indicated, the request was not medically necessary.