

<b>Case Number:</b>	CM13-0059435		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] and has submitted a claim for burn of esophagus associated with an industrial injury date of May 16, 2013. Utilization review from November 14, 2013 denied the requests for Fexmid due to long-term use, additional chiropractic treatment for home exercise instruction due to additional sessions still remaining which will be ample time for home exercise instruction, Swiss ball for home exercise program due to optional regimen and not medically required, x-ray of the lumbar spine due to no red flag signs, MRI of the lumbar spine due to no red flag signs, EMG of the right lower extremity due to adjunct with NCV, and NCV of the right lower extremity due to no support from the guidelines. Treatment to date has included acupuncture, chiropractic treatment, TENS unit, physical therapy, and oral pain medications. Medical records from 2013 were reviewed showing the patient complaining of low back pain. The patient notes that acupuncture has improved symptoms but there is still pain radiates into the right leg with numbness and tingling. The pain is rated from 6/10 without treatment and 4/10 with treatment. The TENS unit and medications are noted to be helpful. The patient completed 13 chiropractic visits with a remaining 3 more sessions left. On examination, the lumbar spine was noted to be tender. There is noted slight paraspinal musculature spasm. The right SI joint was noted to be tender. Range of motion for the lumbar spine was limited. There was decreased sensation over the right L4 dermatome. An x-ray of the lumbar spine was requested due to refusal of the company doctor to release reports.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 PRESCRIPTION OF FEXMID 7.5 MG, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 42.

**Decision rationale:** As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. In this case, the patient has been taking Fexmid since July 2013. There is no discussion concerning the need for long-term use for this medication, as it is not supported by guidelines. Therefore, the request for Fexmid is not medically necessary.

## **1 ADDITIONAL CHIROPRACTIC TREATMENT FOR HOME EXERCISE INSTRUCTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** As stated on pages 58-60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manipulation is recommended for chronic pain is caused by musculoskeletal conditions. Manipulation for the low back is recommended primarily as a trial of 6 visits and with evidence of objective functional improvement, a total of up to 18 visits. In this case, the patient has completed 13 out of 16 total visits of chiropractic therapy. However, there were no documentation concerning objective functional gains such as improved ability to perform activities of daily living. In addition, the patient had 3 more sessions left which is more than adequate to transition the patient into a home exercise program; a gradual transition is recommended. Therefore, the request for additional chiropractic treatment for home exercise instruction is not medically necessary.

## **1 SWISS BALL FOR HOME EXERCISE PROGRAM: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** As stated on page 46-47 in the California MTUS Chronic Pain Medical Treatment Guidelines, exercise is recommended but there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. In this case, the patient is being transitioned into a home exercise program. However, there is no discussion why a Swiss ball for home exercise program will be more efficacious than other

regimens that do not require equipment, as there is no evidence to support a particular exercise regimen over another. Therefore, the request for one Swiss ball for home exercise program is not medically necessary.

### **1 X-RAY OF THE LUMBAR SPINE (2 VIEWS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As stated in pages 303-305 in the California MTUS ACOEM Low Back Complaints Chapter, lumbar spine x-rays are recommended for patients with presence of red flag signs for serious final pathology. In this case, the physician requested an x-ray due to the company doctor refusing to release x-ray results. There was no discussion of red flag signs that need to be investigated. Therefore, the request for x-ray of the lumbar spine is not medically necessary.

### **1 MRI OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** As stated on pages 303-304 of the California MTUS ACOEM Low Back Chapter, imaging of the lumbar spine is supported in for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, the patient complains of chronic low back pain. However, the patient had radiographs taken previously but the results were not disclosed. There was noted recent decreased sensory component in the right lower extremity; treatment for this problem has just started and a response to treatment has not been documented yet. Therefore, the request for MRI of the lumbar spine is not medically necessary.

### **1 EMG OF THE RIGHT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Page 303 of the California MTUS ACOEM Low Back Chapter state that electromyography is used to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. In this case, the patient complains of chronic low back pain with recent findings of decreased sensory component in the right lower extremity. However, treatment for this problem has just started and a response to treatment has not been documented yet. Therefore, the request for EMG of the right lower extremity is not medically necessary.

**1 NCV OF THE RIGHT LOWER EXTREMITY: 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, NERVE CONDUCTION STUDIES (NCS).

**Decision rationale:** The CA MTUS does not address NCV of the lower extremities specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve conduction studies (NCS), was used instead. ODG states that nerve conduction studies are not recommended when the patient is presumed to have radiculopathy. In this case, the patient complains of chronic low back pain with recent findings of decreased sensory component in the right lower extremity. There is a suspected radicular component but treatment has not been fully completed and outcomes are yet to be documented. As such, the guidelines do not recommend NCV with findings of radiculopathy. Therefore, the request for NCV of the right lower extremity is not medically necessary.