

Case Number:	CM14-0155366		
Date Assigned:	09/25/2014	Date of Injury:	01/17/2013
Decision Date:	11/05/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 Internal 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 injured worker is a 34-year-old male who reported an injury on 01/17/2013. The mechanism of injury involved repetitive lifting. The current diagnoses include lumbar disc displacement, enthesopathy of the right shoulder, fracture of the cervical vertebra, radiculopathy, vitamin D deficiency, major depression, spinal stenosis in the lumbar region, and sprain of the shoulder/arm. Previous conservative treatment is noted to include medication and physical therapy. The injured worker was evaluated on 09/05/2014 with complaints of thoracic pain and lumbosacral pain with radiation into the bilateral lower extremities. The injured worker also reported pain in the right shoulder with abduction and elevation, and symptoms of depression. Physical examination revealed tenderness at the T11 and T12 levels, tenderness at the L1-5 levels, decreased range of motion, positive Lasegue's testing, and positive straight leg raising. The current medication regimen includes Viibryd, tramadol, and Flector patch. Treatment recommendations included continuation of the current medication regimen and electrodiagnostic studies of the bilateral lower extremities. A Request for Authorization form was then submitted on 09/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG for the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low BackEMG's (electromyography)

MAXIMUS 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 Chapter, Electrodiagnostic Studies

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Electromyography is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation with positive Lasegue's test and straight leg raise. There was no documentation of a sensory or motor deficit in the bilateral lower extremities. The medical necessity for the requested electrodiagnostic study has not been established. Additionally, it is noted that the injured worker's objective findings involved the right lower extremity. The medical necessity for electrodiagnostic testing of the bilateral lower extremities has not been established. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate.

NCS for the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS 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 Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Electromyography is not necessary if radiculopathy is already clinically obvious. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation with positive Lasegue's test and straight leg raise. There was no documentation of a sensory or motor deficit in the bilateral lower extremities. The medical necessity for the requested electrodiagnostic study has not been established. Additionally, it is noted that the injured worker's objective findings involved the right lower extremity. The medical necessity for electrodiagnostic testing of the bilateral lower extremities has not been established. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate.

Flector 1.3% transdermal 12-hour patch medication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Flector patch

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac which is indicated for the relief of osteoarthritis pain. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no quantity listed in the current request. As such, the request is not medically necessary.

Tramadol 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (ultram). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to nonopioid analgesics. There is also no frequency listed in the request. As such, the request is not medically necessary.