

Case Number:	CM13-0022926		
Date Assigned:	11/15/2013	Date of Injury:	10/27/2010
Decision Date:	02/05/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 a 33-year-old male who reported a work-related injury on 03/20/2001 as a result of a fall. The patient presents for treatment of the following diagnoses: status post fall with intracranial bleed and subsequent evacuation of blood and residual cognitive impairment, mild left hemiparesis, and vestibular dysfunction. Electrodiagnostic studies performed of the bilateral lower extremities dated 01/03/2013 performed by [REDACTED] revealed a completely normal study with no evidence of radiculopathy, polyneuropathy, or mononeuropathy. The clinical note dated 08/08/2013 reports the patient was seen for follow up under the care of [REDACTED]. The provider documents upon physical exam of the patient there was tenderness about the cervical spine, lumbar spine, and trapezius with decreased range of motion of the cervical and lumbar spine. The provider documents straight leg raise testing is positive bilaterally at 75 degrees. Deep tendon reflexes were 1 to 2 of the bilateral upper extremities, knee jerks were 2+, and ankle jerks 1+ on the right and 0 to the left. The patient had decreased sensation to pinprick about the right L5-S1 and left S1 dermatomes. The provider documents the patient remains depressed. The provider requested authorization for electromyography/nerve conduction study of the lower extremities, Cymbalta 30 mg by mouth every day, Elavil 25 mg by mouth at bedtime, and Celebrex 200 mg by mouth every day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lower Extremities EMG/NCS: Upheld

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

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

Decision rationale: The current request is not supported. The clinical notes document the patient continues to present status post a work-related fall with injury sustained in 10/2010, with reports of constant low back pain with radiation of pain to the bilateral lower extremities. The provider is currently requesting electrodiagnostic studies of the bilateral lower extremities. However, electrodiagnostic studies performed in 01/2013 revealed no abnormalities were evidenced. There was no evidence of radiculopathy, polyneuropathy, or mononeuropathy. The clinical notes failed to document the patient presents with any significant changes in his clinical presentation. The California MTUS/ACOEM indicates 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. Given that the patient is status post electrodiagnostic studies to the bilateral lower extremities of just over a year's time, with no significant change of condition evidenced and no specific rationale rendered for the requested diagnostic studies at this point in the patient's treatment, the request for Bilateral Lower Extremities EMG/NCS, Report 8/08/13 is neither medically necessary nor appropriate.

Celebrex 200mg (Dispense generic unless DAW) #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Celebrex Page(s): 22,30.

Decision rationale: The current request is not supported. The clinical documentation submitted for review documents the patient continues to present with multiple pain complaints status post a work-related injury sustained over 3 years ago. The patient reports cervical spine pain with radiation to the bilateral shoulders and low back pain with radiation to the bilateral lower extremities. The clinical notes failed to document the patient's reports of efficacy with his current medication regimen to include Celebrex. The California MTUS indicates anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. However, long-term use may not be warranted. Given the lack of documentation evidencing the patient's reports of efficacy with his current medication regimen, to reveal a decrease in rate of pain on a VAS scale and an increase in objective functionality, the request for Celebrex 200mg (Dispense generic unless DAW), #30 is neither medically necessary nor appropriate.