

Case Number:	CM13-0025990		
Date Assigned:	11/22/2013	Date of Injury:	05/16/2011
Decision Date:	03/06/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/18/2013

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 Family Practice, 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 39-year-old female who reported a work related injury on 5/16/1 as a result of a fall. The patient was seen in clinic most recently on 8/19/13 under the care of [REDACTED] for a neuro-pain follow-up. The provider documented that the patient rates her pain at a 5/10. The provider documented that the patient takes Zanaflex, naproxen, and Lyrica. The provider documented 5/5 motor strength throughout, deep tendon reflexes were within normal limits, and, subjectively, the patient reported decreased sensation to the right lower extremity. The provider recommended that the patient continue her medication regimen to include Lyrica, Norco, and Flexeril, and a request was made for a bilateral lower extremity electromyography study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg: Upheld

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

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

Decision rationale: The California MTUS indicates that Cyclobenzaprine (Flexeril) is recommended as an option using a short course of therapy. The clinical notes failed to document

the patient's duration, frequency, or efficacy of use of this medication for her pain complaints status post a work related injury sustained in 2011. Given the above, the request for Flexeril 10 mg is not medically necessary or appropriate.

bilateral lower EMG study: Upheld

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

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

Decision rationale: The California MTUS/ACOEM indicates that electromyography, including H-reflex tests, may be useful to identify several focal neurologic dysfunctions in patients with low back symptoms lasting more than 3-4 weeks. However, the clinical notes failed to evidence official imaging reports of the patient's lumbar spine, or if the patient had previously undergone diagnostic studies of the bilateral lower extremities. In addition, the clinical notes failed to evidence significant objective findings of symptomatology to support the requested diagnostic study. The patient subjectively reported decreased sensation about the lower extremity. Given that the most recent physical exam of the patient is from August 2013, without documentation of a significant change in condition or objective findings/symptomatology evidencing any red flags, the request for a bilateral lower extremity EMG study is not medically necessary or appropriate