

Case Number:	CM13-0027136		
Date Assigned:	11/22/2013	Date of Injury:	09/29/2005
Decision Date:	02/13/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/20/2013

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 Occupational Medicine and is licensed to practice in California, Texas and Ohio. 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.

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 [REDACTED] employee who has filed a claim for chronic neck, knee, and low back pain reportedly associated with an industrial injury of September 29, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior multilevel cervical discectomy and fusion at C4-C5 and C5-C6 on June 18, 2013; and extensive periods of time off of work. In a utilization review report of September 13, 2013, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities, certified a request for an x-ray of the cervical spine, partially certified a request for tramadol as a two-month supply, and partially certified a request for Soma for tapering or weaning purposes. The applicant's attorney later appealed. The utilization reviewer notes that a September 6, 2013 progress note suggests that the applicant has had longstanding sensory deficits about the knees and thighs and that an earlier lumbar MRI of September 24, 2012 was notable for a 4.4-mm disk protrusion at L3-L4 and a 5.5-mm disk protrusion at L2-L3. It is stated that the attending provider suspects radiculopathy versus neuropathy versus peripheral nerve impingement and wants to do electrodiagnostic testing to try and distinguish between the same. An earlier clinical progress note of July 10, 2013 is notable for comments that the applicant returns, is having ongoing difficulties with swallowing, and states that his neck pain and radicular symptoms are significantly diminished. X-rays of the neck demonstrate swelling of the soft tissues. This may explain the applicant's difficulty swallowing, it is suggested. The applicant's vital signs are stable. He is given an external bone stimulator for his fusion and asked to consult an otolaryngologist for his swallowing issues. A Medrol Dosepak is also endorsed.

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IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM/NERVE CONDUCTION VELOCITY: Overturned

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: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12 and the updated third edition ACOEM Guidelines, electrodiagnostic testing may be helpful to identify subtle, focal neurologic dysfunction in those individuals with low back symptoms which persist greater than three to four weeks and/or to rule out other potential cause of lower limb symptoms which could mimic sciatica such as a perineal compression neuropathy or generalized peripheral neuropathy. In this case, the attending provider states he suspects either a subtle radiculopathy or lower extremity neuropathy. Appropriate EMG-NCS testing to help distinguish between the two entities is indicated and appropriate, particularly in light of the fact that the applicant has underwent prior lumbar MRI imaging which is apparently equivocal or no diagnostic. For all of these reasons, then, the original utilization review decision is overturned. The request is certified.

ULTRAM 50MG #90: Overturned

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): 94.

Decision rationale: As of the date of the most recent progress note, the applicant was one month removed from the date of surgery. As of the date of the utilization review report, the applicant was two months removed from the date of recent cervical spine surgery in June 2013. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol is indicated in the treatment of moderate-to-severe pain. It was an appropriate choice for treating the applicant's postoperative pain as of the date of the utilization review report. Therefore, on balance, continuing the same was indicated and appropriate. Accordingly, the request is certified.

SOMA 350MG #30: 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): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma or carisoprodol is not recommended for chronic or long-term use purposes and is not recommended for usage in conjunction with other medications. In this case, the applicant is using several other medications, one of which, tramadol, was certified above. The applicant has also been previously prescriptions for Medrol. Adding Soma or carisoprodol to the mix is not indicated. For all of these reasons, the request is not certified.