

Case Number:	CM13-0028837		
Date Assigned:	11/27/2013	Date of Injury:	09/15/2010
Decision Date:	02/05/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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 and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 patient is a 30-year-old male who reported a work-related injury on 09/15/2010 as the result of repetitive motion to the lumbar spine. The patient presented for treatment of low back and right lower extremity pain. An Initial Medical Evaluation dated 10/17/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient complains of pain to the low back, radiating into the right lower extremity, rated at a 9/10. The patient utilizes Norco and ibuprofen for his pain complaints. The provider reported that the patient had utilized physical therapy, which the patient reported increased his pain complaints, and epidural steroid injections, after 3 of which, there was no benefit per the provider. The provider documented that upon physical exam of the patient, there was 4-/5 weakness in dorsiflexion on the right and diminished ankle jerk on the left as compared to the right. The patient's findings are contralateral to one another per the provider. The provider documented that motor strength was full and symmetric in the major motor groups of the upper and lower extremities with the exception of dorsiflexion of the right foot; sensation was intact to light touch over the upper and lower extremities. Deep tendon reflexes were physiologic and symmetric except for the left ankle jerk, which was diminished as compared to the right. The patient was able to ambulate with normal station. The provider documented that the patient suffers from L4-5 and L5-S1 disc herniations causing polyradiculopathy to the lower extremities. The provider recommended an L4-5 and L5-S1 laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Motrin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 72..

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports that the patient continues to present with lumbar spine pain complaints since status post an injury sustained in 09/2010. The clinical notes document that the patient has been utilizing this medication since the date of injury. The California MTUS recommends the utilization of anti-inflammatory medications for the shortest duration possible. The clinical notes failed to document the patient's reports of efficacy with his current medication regimen as evidenced by a decrease in his rate of pain on the VAS and an increase in objective functionality. Given all of the above, the request for an unknown prescription of Motrin between 08/23/2013 and 11/09/2013 is not medically necessary or appropriate.

Unknown prescription of Prilosec: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68-69..

Decision rationale: The current request is not supported. The clinical documentation submitted for review documented that the patient was to utilize Prilosec as the patient also utilized Motrin. The provider was recommending Prilosec prophylactically for the patient. However, given that the patient presents with no gastrointestinal complaints, and as continued utilization of Motrin is no longer supported for this patient's chronic pain; the request for an unknown prescription of Prilosec between 08/23/2013 and 11/09/2013 is not medically necessary or appropriate

Request for 1 repeat EMG/NCV of bilateral 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, Lumbar and Thoracic, Acute and Chronic.

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 documentation submitted for review reported that the patient is a surgical candidate for his lumbar spine pain complaints. The patient had undergone previous electrodiagnostic studies of the bilateral lower extremities which revealed no evidence of peroneal nerve entrapment, lumbar radiculopathy or generalized peripheral neuropathy. The clinical notes document that the patient has undergone

electrodiagnostic studies times 2 to the bilateral lower extremities. The California MTUS/ACOEM indicate that 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. However, as the patient has undergone multiple imaging studies of the lumbar spine in addition to electrodiagnostic studies of the bilateral lower extremities with no specific change in condition over the patient's course of treatment, the request for 1 repeat EMG/NCV of the bilateral lower extremities between 08/23/2013 and 11/09/2013 is not medically necessary nor appropriate.