

Case Number:	CM13-0037912		
Date Assigned:	12/18/2013	Date of Injury:	05/07/2013
Decision Date:	03/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/24/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, District of Columbia, Florida and Maryland. 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 53 year old male with a date of injury of 5/7/2013. According to the available clinical history the patient tripped on a curb and twisted his back while carrying groceries on 5/7/13 and continues to complain of constant 9/10 pain in the low back and 50% of the time into the legs. Several progress reports cite reported symptoms beyond that supported by examination procedures. Early in the clinical history the patient had no spasm or tenderness with distracted palpation however reported that "it hurts everywhere" when prompted to respond with examination. The patient was sent for chiropractic care, acupuncture, and physical therapy afterwards. The chart notes available for these modalities cite no significant improvement and stipulate symptom magnification. The most recent exam notes dated 9/11/2013 by [REDACTED] cited the presence of trigger points within the bilateral quadratus lumborum, tenderness at the biceps tendon, tenderness about the acromioclavicular joint, and trigger points in the cervical-scapular region. There were many noted negative provocative tests. The only positive nerve tension test was Slump, with all other nerve conduction tests negative. Muscle testing was 5/5 and normal except in the muscles of ankle motion which were noted 4-/5. Lower extremities paresthesias were vaguely noted along the medial and lateral aspect of the legs bilaterally, it was not noted to follow any dermatomal pattern. The patient was working 2 days after the incident with some activity modification and then was deemed totally temporarily disabled and removed from work on 7/17/2013 according to a work excuse letter by [REDACTED] and has been written notes to remain off work since then.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Section Page(s): 75, 80 and 84.

Decision rationale: Regarding Tramadol 150mg, #30(opioid agonist) the cited guidelines recommend continuation when their use allows a return to work or when there is overall improvements in both pain and function. Opioids are intended for short-term use in general but are permitted for long term if there is continued progress regarding pain and function. Opioids should be discontinued when there is no overall improvement in function, a reduction of function, continued pain with intolerable side effects, or when non-adherence or abuse is occurring. When discontinuing opioid therapy weaning is suggested at a rate of 20-50% reductions of initial dose per week for those without opiate addiction. Continuation of opioid therapy is not warranted for this patient. Use of opioids have not affected a return to work, the patient was actually removed from work instead. Opioids have not affected any overall improvements in function. Despite their use the patient still complains of severe pain which was intermittent and now reported to be constant. Therefore the request for Tramadol 150mg, #30, is not medically necessary

NCV/EMG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 02/13/14) Nerve Conduction Studies(NCV)

Decision rationale: Nerve conduction studies are not recommended for low back conditions. ODG states that nerve conduction studies is not recommended because there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006). Therefore the request for NCV/EMG is not medically necessary.