

Case Number:	CM13-0037982		
Date Assigned:	12/18/2013	Date of Injury:	07/09/2012
Decision Date:	02/18/2014	UR Denial Date:	09/19/2013
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 Family Practice and is licensed to practice in 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. 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 employee is a 41-year-old male who reported a work injury on 7/9/12. The employee is diagnosed with lumbar spine sprain with radiculopathy of bilateral lower extremities, status post open reduction and internal fixation (ORIF) of the left pelvis, left knee anterior cruciate ligament (ACL) tear with meniscal tear, and left ankle and foot sprain and strain. The employee was seen on 11/8/13 at which time it was reported the employee had lower back and left lower extremity pain rated 7-8/10. Physical examination revealed limping gait, a scar over the left iliac crest area, paravertebral muscle spasm and tenderness in the lower lumbar region, tenderness over the left posterior superior iliac spine, diminished range of motion of the lumbar spine, positive straight leg raising on the left, and diminished sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity study 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 & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve Conduction Study

Decision rationale: California Medical Treatment Utilization Schedule (MTUS)/ACOEM Practice Guidelines state 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. The Official Disability Guidelines state nerve conduction studies are not recommended, as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Based upon the submitted clinical notes, the employee maintains a diagnosis of radiculopathy. The employee's latest physical examination revealed positive straight leg raising on the left, diminished sensation on the left, and tenderness over the left posterior and superior iliac spine. Documentation of a significant neurological deficit with regard to the right lower extremity was not provided. Given that nerve conduction studies are not recommended when radiculopathy is already clinically obvious, the requested nerve conduction velocity study of bilateral lower extremities is not medically necessary and appropriate.

Ibuprofen 800mg quantity 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. Based upon the notes submitted, the employee has previously utilized ibuprofen. Documentation of significant functional improvement is not provided. Given that satisfactory response to treatment has not been demonstrated and the guidelines do not recommend long-term use of this medication, the requested ibuprofen 800mg quantity 60 with 1 refill is not medically necessary and appropriate.