

Case Number:	CM13-0041869		
Date Assigned:	12/20/2013	Date of Injury:	09/21/2009
Decision Date:	02/18/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/16/2013

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 a 34-year-old male who reported an injury on 09/21/2009. The mechanism of injury was being hit by a large support beam during a demolition project. The patient reported a brief episode of loss of consciousness and was evaluated on the same day of injury. His initial treatment included chiropractic, physical therapy, medication, and activity modification. The patient was initially diagnosed with ligamentous instability in the cervical and lumbar spine, loss of segment integrity in the cervical spine, myositis, and subluxation of the sacrum. An MRI of the cervical and lumbar spine was performed on 04/07/2010. The lumbar results included transitional L5 with left-sided sacralization, right-sided pseudoarticulation and hypo plastic L5-S1 disc; and a 1 to 2 mm disc bulge at L3-4. The C-spine results included a 1 to 2 mm protrusion at C4-5 with slight mass effect, but no cord compression or canal stenosis; and a C5-6 minimal central disc bulge. In 06/2010, the patient was noted to not have been a surgical candidate. An Electromyogram/Nerve Conduction Velocity (EMG/NCV) of the left lower extremity was performed on 07/21/2010, and found evidence of left L5 radiculopathy with normal nerve conduction. An Electromyogram/Nerve Conduction Velocity (EMG/NCV) of the upper extremities was performed on 11/24/2010, and was found to be a normal study except for left C5-6 dorsal rami involvement. The patient continued to manage his pain through the use of medications. The patient received medial branch blocks at L5 and L4, bilaterally, on 05/08/2013. The patient reported 80% pain relief after these blocks were administered; however, it does not detail how long the pain relief lasted, although the 06/27/2013 note reported he was continuing to receive relief, and rated his pain as a 2/10 to 3/10 on the Visual Analog Scale. The patient underwent a radiofrequency ablation to the medial branch nerves at L5, L4, and L3 on 08/21/2013. The patient continues to complain of neck and lumbar spine pain that is constant and radiates to the extremities with tingling, numbness, and paresthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Electromyogram/Nerve Conduction Studies of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 177-179, and 182.

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend Electromyogram/Nerve Conduction Studies (EMG/NCS) in the absence of progressive motor weakness before 4 to 6 weeks. Guidelines also state that electromyography is not recommended for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent. Along with subjective complaints of tingling and numbness to the left upper extremity, the physical examination provided evidence of decreased sensation to the C6 and C8 dermatomes. In this case, the patient has developed radicular symptoms in the C6 and C8 dermatomes that are inconsistent with previous 2010 imaging and electrodiagnostic findings that would correlate to C4-6 dermatomal symptoms. Guidelines state that when neurologic examination is less clear, further physiological evidence of nerve dysfunction can be obtained in the form of Electromyogram (EMG), Nerve Conduction Velocity (NCV), or H-reflex testing. As such, the request for EMG/NCS of the bilateral upper extremities is certified.

Decision for Relafen 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of NSAIDs at the lowest dose, for the shortest period of time, in patients with moderate to severe pain. In acute exacerbations of chronic pain to the low back, NSAIDs are recommended as a second-line treatment after acetaminophen. The current medical records submitted for review did not provide evidence that acetaminophen, on an as-needed basis, had been attempted and failed prior to the prescribing of Relafen. there is no indication for NSAIDs on an as-needed basis. As such, the request for Relafen 750 mg is noncertified.