

Case Number:	CM13-0047194		
Date Assigned:	12/27/2013	Date of Injury:	08/08/2006
Decision Date:	05/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine, 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 expert 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 40-year-old man who sustained a work-related injury on August 8, 2006. Subsequently he developed chronic left wrist pain, lower back pain, and both upper extremities pain. According to the clinical note on September 11, 2013, the patient reported significant increase of his low back pain radiating to his lower extremities with numbness and tingling. His physical examination demonstrated the lumbar tenderness with reduced range of motion dysesthesia at the level of L5-S1 dermatoma. The patient was diagnosed with status post bilateral thoracic outlet surgery, cervical discopathy and radiculitis, lumbar radiculopathy, and bilateral carpal tunnel syndrome. The provider requested authorization to perform the procedures and the medications mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

URINE SPECIMEN, QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): pgs. 43 and 78, and. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug testing: criteria for use of urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, steps to avoid misuse/addiction, Page(s): pgs. 77-78, and 94..

Decision rationale: According to the MTUS guidelines, urine toxicology screen is indicated to avoid misuse/addiction. The guidelines states "consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." In this case, there is no evidence that the patient have aberrant behavior or urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient has a history of use of illicit drugs. Therefore, the request for Urine drug screen is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): pg. 303,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): pg. 303, Special Studies and Diagnostic and Treatment Considerations, pgs. 177-178..

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated that Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. In this case, the patient does not have any clear evidence of lumbar radiculopathy or nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.

NCV OF BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): pg. 303,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): pgs. 303-304, pgs. 177-179, and 182..

Decision rationale: According to the MTUS guidelines, electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. EMG has excellent ability to identify abnormalities related to disc protrusion. According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation. EMG is useful to identify physiological insult and anatomical defect in case of neck pain. The patient developed chronic back pain and damage after his work related injury. The patient developed chronic back pain radiating to both lower extremities with numbness in the territory of L5-S1. These findings are suggestive of radiculopathy and there is no clear need for electrodiagnostic testing. Therefore, the request for EMG/NCS of bilateral lower extremities is not medically necessary.

RETRO DOS: 9/11/13) INTRAMUSCULAR INJECTION OF VITAMIN B-12 COMPLEX MIXED WITH 1CC MARCAINE, QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Vitamin B12. <http://www.rxlist.com/b12-drug.htm>

Decision rationale: The documentation submitted for review provided no documentation or justification for B12 injection in this case. As such, the request is not certified.