

<b>Case Number:</b>	CM13-0050432		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/17/2001
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on October 17, 2001. Thus far, the applicant has been treated with analgesic medications, prior lumbar laminectomy surgery, transfer of care to and from various providers in various specialties, physical therapy, and epidural steroid injection therapy. On September 11, 2013, the applicant represented with issues including low back pain, leg pain, knee pain, foot pain, and wrist pain. The applicant is having burning pain, rates it at 5-7/10. He is using a TENS and H-Wave device. He is depressed. He is having difficulty functioning, it is stated. The applicant has failed various treatments, including a spinal cord stimulator and multiple prior surgeries. The applicant exhibits positive straight leg raising on the left with some question of weakness about the left ankle. Electrodiagnostic testing of the left upper extremity is sought for L5 weakness-new versus old. Voltaren, Valium, Ativan, and Lidoderm were also renewed while the applicant is placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for electrodiagnostic studies of the left upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** While the MTUS/ACOEM guidelines support appropriate electrodiagnostic testing as a means of differentiating between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. In this case, all of the applicant's symptoms are seemingly referable to the lumbar spine and left lower extremity. The attending provider noted on her progress note that she was seeking electrodiagnostic testing to help establish a diagnosis of possible L5 radiculopathy. There is little to no mention of any symptoms pertaining to the cervical spine and/or left upper extremity for which electrodiagnostic testing involving the same would be indicated. Therefore, the request is not certified, on independent medical review.

**request for 30 Ativan 0.5mg with two refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Ativan are not recommended for long-term use purposes. A more appropriate choice for long term purposes is an antidepressant, the MTUS notes. In this case, Ativan is not the treatment of choice for the applicant's chronic pain issues, anxiety issues, and/or depression issues, per the MTUS. Accordingly, the request is not certified.