

Case Number:	CM13-0055749		
Date Assigned:	12/30/2013	Date of Injury:	11/22/2011
Decision Date:	05/02/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine, and is licensed to practice in Illinois. 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 injured worker is a 43-year-old male who reported an injury on 11/21/2011. The mechanism of injury was the injured worker was carrying boxes of potatoes for French fries, 3 boxes, weighing approximately 30 pounds and slipped and fell inside the freezer. The documentation of 10/28/2013 revealed patchy decreased sensation in the bilateral upper extremities. There was mild left lower muscle spasm in the lumbar spine. The patchy decreased sensation was in the bilateral lower extremities most notably in the L5 distribution. Examination of 01/04/2013 revealed the same decreased sensation in the bilateral upper extremities and bilateral lower extremities. The diagnoses included cervical, thoracic, and lumbar strain and cervical radicular syndrome, degenerative joint and degenerative disc disease of the cervical spine with protrusion at C3 through C7, degenerative joint and degenerative disc disease of the lumbar spine with disc protrusion at L3 through S1 and lumbar radicular syndrome. The request was made for an MRI of the lumbar spine and neurodiagnostic studies of the lower extremities, as well as Fexmid. The injured worker had a prior MRI in 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: Official Disability Guidelines do not recommend repeat MRIs, as they should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had a prior MRI in 2011. When the documentation of 01/2013 and 10/2013 are compared, the objective physical examinations were the same. There was a lack of documentation indicating the injured worker had a significant change in symptoms and/or findings of a significant pathology. As such, the request for MRI of the Lumbar Spine is not medically necessary.

EMG/NCV BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: ACOEM states that 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. The clinical documentation submitted for review indicated there was patchy decreased sensation in the bilateral upper extremities. However, the physician documentation of 10/28/2013 revealed the request was for neurodiagnostic studies of the lower extremities. The DWC Form RFA dated 11/04/2013 indicated the EMG/NCV studies were for the upper extremities. There was a lack of documentation indicating the injured worker had subjective neck or arm symptoms. There was a lack of documentation indicating the necessity for both an EMG and nerve conduction studies. Given the lack of clarification, the request for EMG/NCV bilateral upper extremities is not medically necessary.

FEXIMID 7.5MG, # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to indicate if this was the injured worker's first trial of muscle relaxants. It failed to document that the injured worker had a trial and failure of first line options including acetaminophen. As the use is recommended for

less than 3 weeks, there was a lack of documentation indicating the necessity for 60 tablets and the frequency for the medication. Given the above, the request for Fexmid 7.5MG, # 60 is not medically necessary.