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| Case Number: | CM13-0063178 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/14/2013 |
| Decision Date: | 04/21/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

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 Internal Medicine and is licensed to practice in Arizona. 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 65year old man with a medical history of hypertension who sustained a work related injury on 8/14/13 while driving a bus. The injury resulted in low back pain with radiation to the left buttock and leg. A medical provider initially evaluated him on 8/15/13. He was treated appropriately with oral analgesic medications but did not improve. He was referred to an orthopedic doctor who obtained an MRI on 9/18/13 which showed a large disc bulge at L4-5 with sequestered fragment producing severe foraminal stenosis. He was thus referred to a spinal surgeon who initially evaluated him on 11/18/13. During this examination the patient complained of low back pain radiating to the left posterior thigh and popliteal fossa. The examination showed tenderness to palpation over the lumbar spine and paravertebral muscles left side greater than the right. The range of motion of the lumbar spine was decreased and straight leg raising was positive on the left side. He was diagnosed with lumbar spine musculo-ligamentous sprain/strain with disc extrusion and left lower extremity radiculitis. On 11/26/13 he had bilateral EMG/NCS of the lower extremities which showed early diabetic peripheral neuropathy and L5 radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: Norco is a combination medication of hydrocodone and acetomenophen and is a pure Opioid agonist that is short acting. According to ACOEM chapter 12 low back pain can be treated in the acute and subacute phase with acetomenophen and NSAIDs effectively. If the response is inadequate and there is no functional improvement for the patient short-term opiates are rarely recommended but may be used but only for two weeks. The patient had a short course of Opioids in the initial phase of his injury. There is not documentation to support that these medications improved his function with ADLs or facilitated an early return to work. The orthopedic provider prescribing the Norco is prescribing a 30 day supply which is more than is recommended. The use of Norco for greater than 2 weeks is not medically necessary. Furthermore there is no documentation that the patient's function improved while using Norco previously. Therefore this request is not medically necessary.

ELECTROMYOGRAPHY (EMG) LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: The patient has evidence of a lumbar radiculopathy on physical exam and an MRI dated 9/18/13 with findings that would support this diagnosis. According to table 12-8 of ACOEM regarding an EMG, it is not recommended for clinically obvious radiculopathy. Furthermore the patient had an EMG/NCS on 11/26/13 and would not need another identical diagnostic study. Therefore this request is not medically necessary.

NERVE CONDUCTION STUDY (NCS) LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back (Acute and Chronic).

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: UPTODATE.com Overview of NCS.

Decision rationale: The MTUS is silent regarding NCS. Nerve conduction study (NCS) techniques permit stimulation and recording of electrical activity from individual peripheral nerves with sufficient accuracy, reproducibility, and standardization to determine normal values, characterize abnormal findings, and correlate neurophysiologic-pathologic features. These clinical studies are used to diagnose focal and generalized disorders of peripheral nerves, aid in the differentiation of primary nerve and muscle disorders (although NCS itself evaluates nerve

and not muscle), classify peripheral nerve conduction abnormalities due to axonal degeneration, demyelination, and conduction block and prognosticate regarding clinical course and efficacy of treatment. NCS should not be performed or interpreted as an isolated diagnostic study. Instead, it should be performed and interpreted at the same time as an EMG. Since an EMG is not medically necessary a NCS would also not be medically necessary.

1 HOME ELECTRICAL MUSCLE STIM UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287- 315..

Decision rationale: According to the ACOEM chapter 12, electrical muscle stimulation is not medically necessary as there is no proven efficacy in treating acute low back symptoms.