

Case Number:	CM13-0067573		
Date Assigned:	01/03/2014	Date of Injury:	08/18/2010
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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, has a subspecialty in Pulmonary Diseases 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 35-year-old male who reported an injury on 08/18/2010 due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to his low back with radiating pain into his bilateral lower extremities. The patient underwent anterior lumbar disc replacement at L4-5 in 03/2012. The patient's postsurgical treatment included medications and psychological support. The patient underwent an electrodiagnostic study in 11/2012 that documented there was no evidence of lumbar radiculopathy or plexopathy affecting the L3-S1 dermatomal distributions. It was also documented that there was no evidence of peripheral neuropathy or mononeuropathy affecting the bilateral lower extremities. The patient was evaluated on 11/04/2013. It was documented that the patient had a postsurgical MRI that demonstrated the patient's artificial disc was in perfect position. The patient's most recent clinical documentation noted that the patient had recently undergone 8 sessions of aquatic therapy with some benefit; but had ongoing pain complaints. Physical evaluation documented the patient had tenderness to palpation over the posterior paravertebral musculature with a positive straight leg raise test and limited range of motion secondary to pain. The patient's diagnoses included status post anterior lumbar spine disc replacement at L4-5 and stress-induced gastrointestinal upset. The patient's treatment plan included an updated MRI, an updated EMG/NCV study, and a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF LORTAB 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Lortab 10/325 mg #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids for patients with chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the patient is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate the patient has been on this medication since at least 12/2012. However, there is no documentation the patient is monitored for aberrant behavior. Additionally, there is no documentation of a quantitative assessment of pain relief or increased functional benefit to support the efficacy of this medication. Therefore, continued use would not be supported. As such, the requested Lortab 10/325 mg #120 is not medically necessary or appropriate.

MRI WITH GADOLINIUM: Upheld

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

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: The requested MRI with gadolinium is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had a postsurgical MRI. The independent review of that MRI was not provided for review. However, Official Disability Guidelines recommend repeat imaging when there is evidence of progressive neurological deficits or a significant change in the patient's pathology. The clinical documentation submitted for review does not provide any evidence that the patient has had a progression of symptoms or a significant change in their clinical presentation to support the need for an additional MRI. As such, the requested MRI with gadolinium is not medically necessary or appropriate.

NERVE CONDUCTION VELOCITY/ ELECTROMYOGRAPHY (NCV/EMG) OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Guidelines, (Low Back Complaints) (2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: The requested NCV and EMG of the bilateral lower extremities are not medically necessary or appropriate. American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for patients who have radicular symptoms that are not clearly identified upon physical examination and delineation between radicular symptoms and polyneuropathy is needed. However, the clinical documentation submitted for review does indicate that the patient underwent an electrodiagnostic study in 2012. The clinical documentation does not support the patient has had a significant change in clinical presentation or treatment that would contribute to a significant change in the results. Therefore, it is unclear how an additional electrodiagnostic study would contribute to the patient's treatment planning. As such, the requested NCV/EMG of the bilateral lower extremities is not medically necessary or appropriate.