

Case Number:	CM13-0067804		
Date Assigned:	01/24/2014	Date of Injury:	01/10/2012
Decision Date:	05/20/2014	UR Denial Date:	11/26/2013
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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 58-year-old male who reported an injury on 01/10/2012. The specific mechanism of injury was not provided. The injured worker's medication history included Flexeril as of 09/21/2012. The documentation of 07/30/2013 revealed the injured worker had nerve studies done in 05/2012. They were noted to be unremarkable. The injured worker had 24 sessions of physical therapy in 2012 and 6 chiropractic visits. The injured worker was treated with a TENS unit. Objective findings included tenderness along the lumbar spine and thoracic area with no focal neurologic deficit noted. The diagnoses include discogenic lumbar condition with disc disease at multiple levels and an element of depression, sleep disorder, sexual dysfunction, and headaches. The treatment plan included repeat EMGs for discovery; CBC, urinalysis, and CMP to evaluate for chronic medication usage. Additionally, medications were requested including Remeron, Prilosec, and Flexeril 7.5 mg #60. The physician documentation indicated the Flexeril helped the injured worker with his spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5 MG #60: Upheld

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

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. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. The clinical documentation indicated the injured worker had muscle spasms. There was lack of documentation indicating objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 7.5 mg #60 is not medically necessary.

EMG/NCV OF THE BILATERAL LOWER EXTREMITIES: 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 _ Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, NCS.

Decision rationale: ACOEM Guidelines indicate that electromyography may be useful to identify subtle, focal, neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The clinical documentation submitted for review indicated the injured worker had a prior EMG that showed no neurologic dysfunction. There was lack of documentation of objective findings indicating necessity for a repeat EMG and the necessity for bilateral studies. The request for an EMG would not be supported. Official Disability Guidelines do not recommend nerve conduction studies as there has been minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review failed to indicate necessity for both an EMG and NCV. Given the above, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.