

Case Number:	CM13-0068309		
Date Assigned:	01/03/2014	Date of Injury:	06/10/2009
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 & Rehabilitation, 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 patient is a 52-year-old female who reported an injury on 06/10/2009. The mechanism of injury involved repetitive work activity. The patient is diagnosed with lumbar spine sprain and strain with degenerative disc disease and left L5 radiculopathy. The patient was seen by [REDACTED] on 10/10/2013. The patient reported constant pain in the mid and lower back. Physical examination revealed slightly decreased range of motion of the lumbar spine, positive straight leg raise on the left, positive LasÃgue's testing, tightness and spasm in the paraspinal musculature on the left, hypoesthesia in the anterolateral aspect of the foot and ankle, weakness, and facet joint tenderness. Treatment recommendations at that time included MRI of the lumbar spine, a repeat EMG/NCV of the bilateral lower extremities, and prescriptions for ibuprofen and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has been previously treated with several opioid medications including hydrocodone, tramadol, and acetaminophen with codeine. There was no documentation of functional improvement in the medical records provided for review. Satisfactory response to treatment was not indicated. Therefore, ongoing use cannot be determined as medically appropriate. Therefore, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF IBUPROFEN 800MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: The MTUS Chronic Pain Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. There is no evidence of long-term effectiveness for pain or function. As per the documentation submitted, it is noted on 09/20/2013, the patient has had no relief with ibuprofen. The patient has continuously utilized this medication. Without evidence of objective functional improvement, ongoing use cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.

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 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 rationale: ACOEM Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient underwent an EMG and NCV study on 02/22/2010 which indicated active L5 radiculopathy. There has been no change to the patient's physical examination that would warrant the need for a repeat study. There is no evidence of an exhaustion of conservative treatment prior to the request for an additional electrodiagnostic study. Based on the clinical information received, the request is not medically necessary and appropriate.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging testing to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient underwent an MRI of the lumbar spine on 12/03/2012. There is no documentation of a significant change in the patient's symptoms or physical examination findings that would warrant the need for a repeat imaging study. There is no indication of a failure to respond to conservative treatment prior to the request for a repeat study. Based on the clinical information received, the request is not medically necessary and appropriate.