

Case Number:	CM14-0019568		
Date Assigned:	04/25/2014	Date of Injury:	04/17/2013
Decision Date:	07/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/17/2014

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 Pain Medicine and is licensed to practice in Texas. 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 49 year old female whose date of injury is April 17, 2013. The mechanism of injury is reported as being seated in a chair and someone came from behind and violently pushed the chair two times. The injured complains of low back pain radiating to both legs. She also complains of numbness and tingling in both arms. Treatment to date has included medications, physical therapy, lumbar (L)5- Sacral (S)1 epidural steroid injection and acupuncture. An MRI of the lumbar spine dated January 10, 2014 revealed multilevel degenerative changes with disc bulge at L3-4; small posterior central disc protrusion at L4-5; disc bulge at L5-S1. There is mild canal narrowing at L3-L4 and L4-L5. At L5-S1 there is foraminal narrowing appearing mild on the right and moderate on the left. Cervical spine MRI of the same date revealed multilevel degenerative changes with a small left eccentric disc protrusion at Cervial Vertebra (C)5-C6 results in moderate central canal stenosis and mild displacement of the left side of the cord; a small broad disc bulge or protrusion at C6-C7 mildly indenting the thecal sac; small right eccentric disc bulge mildly effacing the thecal sac at C4-C5. The physical examination dated December 10, 2013 reported cranial nerves normal; normal muscle bulk and tone; 4/5 strength throughout the bilateral upper and lower extremities with no focal weakness; sensory intact; tenderness to palpation lumbar facets L1-L5; straight leg raise negative bilaterally. subsequent physical examinations reported numbness of the bilateral hands with decreased sensation four, five fingers. A utilization review decision dated February 12, 2014 non-certified requests for electromyogram (EMG) of the bilateral upper extremities and EMG of the bilateral lower extremities as well as request for Oxycodone 5mg with a quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY BILATERAL UPPER EXTREMITIES: Overturned

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

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

Decision rationale: The injured worker complains of low back pain and neck pain secondary to an injury sustained on April 17, 2013. An MRI of the cervical spine revealed multilevel degenerative changes with a small left eccentric disc protrusion at C5-6 results in moderate central canal stenosis and mild displacement of the left side of the cord; a small broad disc bulge or protrusion at C6-7 mildly indenting the thecal sac; small right eccentric disc bulge mildly effacing the thecal sac at C4-5. On examination the injured worker has findings of numbness of the bilateral hands as well as diminished sensation in the fourth and fifth fingers. Electrodiagnostic testing is indicated to confirm/rule out radiculopathy versus carpal tunnel syndrome, and to assist in treatment planning.

ELECTROMYOGRAPHY BILATERAL LOWER EXTREMITIES: 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): 303.

Decision rationale: The injured worker complains of low back pain and neck pain secondary to an injury sustained on April 17, 2013. MRI of the lumbar spine multilevel degenerative changes with disc bulge at L3-4; small posterior central disc protrusion at L4-5; disc bulge at L5-S1. There is mild canal narrowing at L3-4 and L4-5. At L5-S1 there is foraminal narrowing appearing mild on the right and moderate on the left. There is no evidence of nerve root compromise at any level of the lumbar spine. On physical examination there was no evidence of motor, sensory or reflex changes indicative of radiculopathy. Moreover, the injured worker has undergone an epidural steroid injection on the left at L5-S1 which would indicate that a diagnosis of lumbar radiculopathy already has been made, and obviates the need for electrodiagnostic testing.

OXYCODONE 5MG QUANTITY 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

Decision rationale: The injured worker complains of low back pain and neck pain secondary to an injury sustained on April 17, 2013. MRI of the lumbar spine multilevel degenerative changes with disc bulge at L3-4; small posterior central disc protrusion at L4-5; disc bulge at L5-S1. There is mild canal narrowing at L3-4 and L4-5. At L5-S1 there is foraminal narrowing appearing mild on the right and moderate on the left. There is no evidence of nerve root compromise at any level of the lumbar spine. On physical examination there was no evidence of motor, sensory or reflex changes indicative of radiculopathy which would require opiate medications. The record does not provide any data to establish the efficacy of this medication and there is no indication of compliance testing. As such, the medical necessity has not been established and would not be supported under California Medical Treatment Utilization Schedule.