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| Case Number: | CM14-0110829 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 10/20/2002 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/15/2014 |

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 44-year-old male who reported an injury on 10/20/2002. The mechanism of injury is not noted within the documentation. His diagnoses were status post lumbar decompression in 2004 and 2007, residual mild sensory and motor radiculopathy, and multilevel herniated nucleus pulposus of the lumbar spine. The injured worker was noted to have prior treatments of chiropractic care. Pertinent diagnostics were noted to be an EMG/NCV of the lower extremities in 2012 and EMG/NCV of the upper extremities also in 2012. In addition, the injured worker had an MRI of the lumbar spine in 2012. Pertinent surgical history was noted to be lumbar decompression in 2004 and 2007. The injured worker's subjective complaints were noted to be low back pain and left lower extremity numbness. Pain in the left leg when driving a car is rated 6/10. Objective physical exam findings include decreased range of motion of the lumbar spine. Motor examination strength is 4+/5. Medications were noted to be tramadol. The injured worker's treatment plan was for medication refill and a follow-up appointment. The provider's rationale for the request was submitted within the documentation submitted for review. The request for authorization forms were submitted with this review and dated on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/low_back.htm.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM state electromyography (EMG) and nerve conduction velocities (NCV), may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms or both lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The documentation provided for review fails to indicate 3 to 4 weeks of conservative care and observation. There is also no indication that the prior diagnostic testing did not provide adequate identification of subtle, focal neurologic dysfunction. Therefore, the request for EMG of bilateral upper extremities is not medically necessary.

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/low_back.htm.

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

Decision rationale: The MTUS/ACOEM states that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in injured workers 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 documentation submitted for review does not indicate 3 to 4 weeks of conservative care and observation. It is not noted that prior diagnostics failed to indicate subtle, focal neurologic dysfunction. As such, the request for EMG of bilateral lower extremities is not medically necessary.

NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/low_back.htm.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS/ACOEM state that electromyography (EMG) and nerve conduction velocities (NCV), including reflex test, may help identify subtle, focal neurologic dysfunction in injured workers with neck or arm symptoms or both lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. The

documentation provided for review failed to indicate 3 to 4 weeks of conservative care and observation. There is also no indication that the prior diagnostic testing did not provide adequate identification of subtle, focal neurologic dysfunction. As such, the request for an NCV of the bilateral upper extremities is not medically necessary.

NCV lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/low_back.htm.

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

Decision rationale: The MTUS/ACOEM state that electromyography (EMG) and nerve conduction velocities (NCV), may be useful to identify subtle, focal neurologic dysfunction in injured workers 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 documentation submitted for review does not indicate 3 to 4 weeks of conservative care and observation. It is not noted that prior diagnostics failed to indicate subtle, focal neurologic dysfunction. As such, the request for NCV of the lower extremities is not medically necessary.

Tramadol ER 150 mg #60.: Upheld

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

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

Decision rationale: The MTUS guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for the documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The injured worker's clinical evaluation did not provide any adequate pain assessment. Side effects were not addressed, urine drug screen was not available for review, and prior use of tramadol did not indicate efficacy. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request failed to indicate a dosage frequency. Therefore, the request for Tramadol ER 150 mg #60 is not medically necessary.

