

Case Number:	CM14-0116027		
Date Assigned:	08/04/2014	Date of Injury:	04/18/2013
Decision Date:	10/01/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 injured worker is 50 year old female who reported an injury on 04/18/2013. The mechanism of injury was lifting. The injured worker had diagnoses including thoracic/lumbosacral neuritis/radiculitis. Prior treatment was not provided in the medical records. Diagnostic studies included a MRI of the lumbar spine on 05/19/2013 which revealed minimal lumbar spondylosis at L4-L5 and L5-S1 and small annular tear was at L4-L5, no acute abnormality was seen. The injured worker underwent microdisectomy in 2009. The injured worker complained of increased low back pain with radiation of the pain from the low back into her foot to the outside of her foot. The clinical note dated 06/10/2014 noted the injured worker reported she was unable to sit equally and was leaning more to her right. The patient was neurologically intact and had equal strength bilaterally. She had a difficult time with walking, standing and sitting. Medications included Atenolol, Cogentin, Abilify, Buspar, Ativan, Simvastatin, Elavil and Tylenol. The treatment plan included a request for an Electromyogram (EMG) Bilateral Lower Extremities and Naproxen 500mg #60. The rationale for the request was to lessen his pain and improve his function particularly in the lower back. The request for authorization dated 07/24/2014 was provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) 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 (ODG) Low Back Chapter

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

Decision rationale: The injured worker complained of increased low back pain with radiation of the pain from the low back into her foot to the outside of her foot. The injured worker was neurologically intact and had equal strength bilaterally. The California MTUS/ACOEM guidelines note electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There is a lack of documentation indicating the injured worker has significant neurological dysfunction upon physical examination. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request is not medically necessary.

Naproxen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The injured worker complained of increased low back pain with radiation of the pain from the low back into her foot to the outside of her foot. There is a lack of documentation indicating the injured worker has significant functional benefits with use of Naproxen. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. There is a lack of documentation indicating the injured worker has significant functional benefits with use of Naproxen. The requesting physician's rationale for the request is not indicated within the provided documentation. The injured worker has been prescribed this medication since at least 12/2013. Continued use of this medication would exceed the guideline recommendation for a short course of treatment. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.