

Case Number:	CM14-0177752		
Date Assigned:	10/31/2014	Date of Injury:	05/06/2011
Decision Date:	12/08/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 46-year-old woman with a date of injury of 05/06/2011. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 06/10/2014, 07/24/2014, 08/15/2014, 09/12/2014, and 10/14/2014 indicated the worker was experiencing worsening lower back pain that went into the right leg, sometimes numbness and tingling in the right leg, and worsening depressed mood. Documented examinations described intermittent findings such as tenderness in the lower back muscles, decreased motion of the lower back joints, decreased sensation following the L5 and/or S1 nerves from the spine. The submitted and reviewed documentation concluded the worker was suffering from L4 stenosis, L4 and L5 disk degeneration, lumbar radiculopathy involving both sides, right hip bursitis, osteopenia, and depressed mood. Treatment recommendations included oral pain medications, physical therapy and a home exercise program, surgery to the lower back, acupuncture, consultation with psychiatry, medication for depressed mood, a repeat lower back MRI, and EMG and NCV testing of the legs. A Utilization Review decision by [REDACTED] was rendered on 10/24/2014 recommending non-certification for a MRI of the lumbar spine without contrast and electromyography (EMG) with nerve conduction velocity (NCV) testing of the legs and recommending partial certification of three refills of Naprosyn (naproxen) 550mg #60. [REDACTED] supplemental note dated 08/21/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): MRI (magnetic resonance imaging): Indications for imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The MTUS Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing worsening lower back pain that went into the right leg, sometimes numbness and tingling in the right leg, and worsening depressed mood. Documentation showed intermittent findings consistent with compromise of two specific nerves. Symptoms and findings did not improve with conservative management over several months. For these reasons, the current request for a repeat MRI of the lumbar spine without contrast is medically necessary.

EMG of the lower extremities, unspecified laterality: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): EMG's (electromyography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The MTUS Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. This testing is recommended to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The submitted and reviewed documentation reported the worker was experiencing worsening lower back pain that went into the right leg and numbness, tingling in the right leg, and depressed mood. Examinations showed findings consistent with nerve root involvement. These records reported that a prior MRI done on 06/01/2013 described a bulging disk. There was no discussion supporting the need for EMG testing. In the absence of such evidence, the current request for electromyography (EMG) of the legs is not medically necessary.

Naprosyn 550mg, quantity unspecified, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Naprosyn (naproxen) is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation reported the worker was experiencing worsening lower back pain that went into the right leg and numbness, tingling in the right leg, and depressed mood. The reviewed documentation did not describe benefit from the use of this specific medication and did not include an individualized risk assessment. In addition, the request was made for an indefinite supply of naproxen, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for Naprosyn (naproxen) 550mg for an infinite supply and three refills is not medically necessary.

NCV of the lower extremities, unspecified laterality: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints; Forearm, Wrist, and Hand Complaints Page(s): 165-188; 261.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. The MTUS Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation indicated the worker was experiencing worsening lower back pain that went into the right leg, sometimes numbness and tingling in the right leg, and worsening depressed mood. There were no symptoms or findings involving the neck or arms. There was no discussion supporting the use of NCV in this setting. In the absence of such evidence, the current request for nerve conduction velocity (NCV) testing of the legs is not medically necessary.