Case Number:	CM14-0034110		
Date Assigned:	07/02/2014	Date of Injury:	04/20/2012
Decision Date:	08/27/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/18/2014

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 Orthopedic Surgery 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 62-year-old male who reported an injury on 04/20/2012. The injured worker underwent right shoulder surgery on 02/18/2014. The injured worker underwent physical therapy. The mechanism of injury was the injured worker was carrying sheets of metal weighing 30 pounds and he stepped on a piece of metal with his right foot. The injured worker's right foot slipped and both of his feet went backwards. Other treatments included massage, electrical stimulation, ice, heat, and adjustments of the neck and back. The injured worker was noted to have x-rays and MRIs. The injured worker underwent nerve conduction studies of the bilateral upper extremities. Documentation indicated the injured worker was utilizing Ultram since at least 08/2013. The documentation of 01/14/2014 revealed the injured worker had tried and failed conservative care. The conservative care included 12 sessions of physical therapy, 12 sessions of acupuncture, and 34 sessions of chiropractic care.
The objective findings revealed the injured worker had a gait that was within normal limits. There was no DWC Form RFA or PR-2 submitted for the requested EMG/NCV. There was no objective physical examination submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram of the 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): 303-305.

Decision rationale: The Expert Reviewer's decision rationale:ACOEM states that 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. The clinical documentation submitted for review failed to provide documentation of a DWC Form RFA or PR-2 to support the request. There was no documentation of objective findings to support a necessity for an EMG. There was a lack of documentation of conservative care for the lumbar spine. Given the above, the request for electromyogram of the bilateral lower extremities is not medically necessary.

Nerve Conduction Studies of bilateral lower extremites: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: The Expert Reviewer's decision rationale:The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. There was a lack of documentation of a DWC Form RFA or PR-2 to support the requested procedure. Given the above, the request for nerve conduction studies of the bilateral lower extremities is not medically necessary.

Ultram 50 mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; ONGOING MANAGEMENT Page(s): 60; 78.

Decision rationale: The Expert Reviewer's decision rationale:The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication

since at least 08/2013. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultram 50 mg #60 with 1 refill is not medically necessary.

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298 and 301. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The Expert Reviewer's decision rationale:ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. There was lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was no DWC Form RFA or PR-2 submitted for the requested service, given the above factors, the request for LSO brace is not medically necessary.