

Case Number:	CM14-0060430		
Date Assigned:	07/09/2014	Date of Injury:	06/05/2013
Decision Date:	08/27/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	05/01/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 33-year-old male who reported an injury on 06/05/2013. The mechanism of injury involved heavy lifting. Current diagnoses include lumbar strain and left lower extremity radicular pain. The injured worker was evaluated on 03/05/2014. Previous conservative treatment includes physical therapy, activity modification, medication management, and lumbar support. The injured worker presented with complaints of ongoing lower back pain with radiation into the left lower extremity. The current medication regimen includes tramadol and orphenadrine. Physical examination revealed limited range of motion of the lumbar spine, positive straight leg raise on the left, decreased sensation in the L5-S1 dermatome on the left, and diminished strength in the left lower extremity. Treatment recommendations at that time included an EMG/NCV study; prescriptions for tramadol, Restoril, and Keratek gel; and a 30-day trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker has been previously treated with conservative therapy including physical therapy, bracing, and medication. The injured worker's physical examination reveals hypertonicity, positive straight leg raise on the left, diminished strength in the left lower extremity, and decreased sensation in the left L5 and S1 dermatomes. As the Official Disability Guidelines do not recommend electrodiagnostic testing when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. There was also no documentation of a significant musculoskeletal or neurological deficit with regard to the right lower extremity that would warrant the need for bilateral lower extremities testing. Based on the clinical information received, the request is not medically necessary.

Nerve Conduction Studies (NCS) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state electromyography may be useful to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy. Nerve conduction studies are not recommended. As per the documentation submitted, the injured worker has been previously treated with conservative therapy including physical therapy, bracing, and medication. The injured worker's physical examination reveals hypertonicity, positive straight leg raise on the left, diminished strength in the left lower extremity, and decreased sensation in the left L5 and S1 dermatomes. As the Official Disability Guidelines do not recommend electrodiagnostic testing when radiculopathy is already clinically obvious, the current request cannot be determined as medically appropriate. There was also no documentation of a significant musculoskeletal or neurological deficit with regard to the right lower extremity that would warrant the need for bilateral lower extremities testing. Based on the clinical information received, the request is not medically necessary.

Keratek Gel four (4) ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 111-113 Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Ultram 50 mg. #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 74-82 Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.