

Case Number:	CM14-0008503		
Date Assigned:	02/12/2014	Date of Injury:	08/17/2012
Decision Date:	04/24/2015	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35-year-old male, who sustained an industrial injury on August 17, 2012. He reported injuring his low back when he was pulling wooden stakes from drying concrete. The injured worker was diagnosed as having lumbar spine herniated nucleus pulposus (HNP), possible muscular/tendon tear of the abdominal wall, insomnia, gastroesophageal reflux disease, and history of gastritis. Treatment to date has included lumbar support, physical therapy, lumbar spine MRI, epidural injections, pool therapy, and medication. Currently, the injured worker complains of intermittent pain in the low back associated with burning and tingling sensation in the lower extremities. The Treating Physician's report dated December 20, 2013, noted the injured worker rated the severity of his pain as an 8 without medications or therapy, and 1 with medications only, with the scale where 0 is no pain and 10 is the worst pain. Physical examination of the lumbar spine was noted to show point tenderness to palpation over the spinous processes at L2 through L5 levels, with painful range of motion (ROM). The treatment plan was noted to include continuation of current medications including Tramadol, Naproxen Sodium, and Omeprazole, referral for electromyography (EMG)/nerve conduction velocity (NCV) studies of the bilateral lower extremities, and a TENS unit to help manage pain in the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve Conduction Studies (NCS).

Decision rationale: The medical records provided for review do not indicate a medical necessity for NCV of the bilateral lower extremities. The MTUS does not recommend. The MTUS is silent on nerve conduction studies for lumbar radiculopathy, but recommends Electromyography if the diagnosis is not obvious in the examination and this has not been confirmed by imaging. However, although the injured worker does not have positive straight leg raise suggestive of radiculopathy, the injured worker was found to have radiculopathy in a previous MRI. Consequently, electrodiagnostic testing is no longer necessary. Additionally, the Official Disability Guidelines recommends against nerve conduction velocity for the diagnosis of radiculopathy of the low back. Therefore, the request is not medically necessary.

Naproxen Sodium 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Naproxen Sodium. Like other Nonsteroidal anti-inflammatory drugs, the MTUS recommends the use of the lowest dose for the short-term treatment of moderate pain; however, the records indicate the injured worker has used this for more than a year. Therefore, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Omeprazole. This proton pump inhibitor was prescribed as a result of the history of gastrointestinal side effects of NSAIDs. Therefore, since the Naproxen for which it was prescribed has been reduced it is appropriate to limited; besides, the MTUS recommends against

using it for more than one year due to the risk of hip fracture. The records indicate the worker has used it for more than a year. Therefore, the request is not medically necessary.