

Case Number:	CM14-0206495		
Date Assigned:	12/18/2014	Date of Injury:	12/09/2010
Decision Date:	03/19/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 12/09/2010. This patient's reference diagnosis is a lumbar sprain. The date of the utilization review under appeal is 11/13/2014. On 11/14/2014, the patient was seen in treating orthopedic follow-up regarding persistent low back pain with diagnoses of a lumbar disc herniation and lower extremity radicular pain. The patient reported the pain was improved with rest and medication. The patient had tried taking Tylenol No. 3 and stated that this made her too sleepy, and, thus, she discontinued it. She had been taking regular Tylenol over-the-counter up to 12 tablets which was of concern to the treating physician. The treating physician recommended Norco, Naprosyn, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 (Codeine/ACET) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management discusses in detail the 4 A's of opioid management; this patient does not have documented functional improvement consistent with those guidelines. Moreover, these same guidelines do not recommend opioids for chronic low back pain as has been diagnosed in this case. Most notably, the medical records in this case indicate not only that the patient does not have apparent benefit from the opioid component of this request, but, rather, the patient has reported that this medication made her too sleepy and, thus, she discontinued it. For these multiple reasons, the current request is not supported by the treatment guidelines and medical records. This request is not medically necessary.

EMG of the right lower extremity: 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), Treatment Index, 11th Edition (Web), 2014, Low Back and EMG/NCV

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

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 303 recommends spinal imaging studies when there is evidence of specific nerve compromise on the neurological examination and recommends electrodiagnostic studies if the findings are more equivocal. This patient has previously undergone imaging studies to the spine. In this situation, electrodiagnostic studies would not be indicated for the purpose of evaluating radicular symptoms. Instead, electrodiagnostic studies would only be indicated if there was a differential diagnosis involving a peripheral neuropathy, which is not documented in this case. Therefore, the medical records and guidelines do not support this request. This request is not medically necessary.

NCV of right lower extremity: 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), Treatment Index, 11th Edition (Web), 2014, Low Back and EMG/NCV

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

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 303 recommends spinal imaging studies when there is evidence of specific nerve compromise on the neurological examination and recommends electrodiagnostic studies if the findings are more equivocal. This patient has previously undergone imaging studies to the spine. In this situation, electrodiagnostic studies would not be indicated for the purpose of evaluating radicular symptoms. Instead, electrodiagnostic studies would only be indicated if there was a differential diagnosis involving a

peripheral neuropathy, which is not documented in this case. Therefore, the medical records and guidelines do not support this request. This request is not medically necessary.

EMG of left lower extremity: 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), Treatment Index, 11th Edition (Web), 2014, Low Back and EMG/NCV

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

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 303 recommends spinal imaging studies when there is evidence of specific nerve compromise on the neurological examination and recommends electrodiagnostic studies if the findings are more equivocal. This patient has previously undergone imaging studies to the spine. In this situation, electrodiagnostic studies would not be indicated for the purpose of evaluating radicular symptoms. Instead, electrodiagnostic studies would only be indicated if there was a differential diagnosis involving a peripheral neuropathy, which is not documented in this case. Therefore, the medical records and guidelines do not support this request. This request is not medically necessary.

NCV of left lower extremity: 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), Treatment Index, 11th Edition (Web), 2014, Low Back and EMG/NCV

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