

Case Number:	CM15-0103959		
Date Assigned:	06/08/2015	Date of Injury:	12/02/2011
Decision Date:	07/13/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 52 year old female, who sustained an industrial injury on December 2, 2011. The injured worker was diagnosed as having cervical strain/sprain, repairs/strains of shoulder and carpal tunnel syndrome. Treatment to date has included epidural steroid injection, surgery and medication. A progress note dated April 21, 2015 provides the injured worker complains of sleep disturbance due to medication changes and right shoulder surgery. There is compensatory neck and left shoulder pain. She is experiencing numbness in the arms. She reports anxiety related to her condition. Prior epidural steroid injection provided 8 weeks of 50 percent relief of pain allowing increased activities of daily living (ADL) such as folding cloths for 30 minutes as opposed to only 5 minutes and the ability to drive for 60 minutes when before she could only drive 20 minutes. Physical exam notes cervical tenderness with decreased range of motion (ROM). There is positive shoulder impingement. Upper extremity neurological exam notes abnormalities with the right greater than left. The plan includes Lorazepam, epidural steroid injection, electromyogram, and nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lorazepam. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

Decision rationale: The medical records provided for review do not indicate a condition for long term management with Lorazepam. There is no indication of anxiety state or injured worker unresponsive to first line therapy. ODG supports that Valium is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Therefore the request is not medically necessary.

Electromyography and nerve conduction studies of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Nerve Conduction Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper extremity, EMG and NCV.

Decision rationale: ODG supports that EMG and NCV is recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records provided for review do not indicate any objective findings on physical examination in support of focal neurologic disturbance such to support EMG as a diagnostic tool for assessment of condition. As such EMG and NCV are not supported congruent with ODG. Therefore the request is not medically necessary.