

Case Number:	CM15-0148900		
Date Assigned:	08/12/2015	Date of Injury:	05/06/2002
Decision Date:	09/24/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/31/2015

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: California

Certification(s)/Specialty: Emergency 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 42 year old male, who sustained an industrial injury on May 6, 2002 while working as a machine operator. The injury occurred while the injured worker was lifting boxes of paint and experienced low back pain. The diagnoses have included thoracolumbar sprain-strain, lumbar degenerative disc disease, lumbar herniated nucleus pulposus, lumbar neural compression, gastritis due to medications, pain disorder with associated psychological factors, major depression and sleep disorder. Treatment and evaluation to date has included medications, radiological studies, MRI on August 3, 2012, computed tomography scan, chiropractic treatments, physical therapy, lumbar epidural steroid injections, psychological testing, psychiatric evaluations and multiple lumbar spine surgeries. The injured worker was not working. Current documentation dated June 23, 2015 notes that the injured worker reported low back pain with bilateral lower radicular pain, worse in the left lower extremity. Associated symptoms included weakness, numbness and tingling. The pain was rated a 7-8 out of 10 on the visual analogue scale. There was no change in the injured workers physical examination or a functional change from the prior visit. The injured worker walked with an antalgic gait. The injured workers pain medications were noted to be helpful for the pain. The treating physician's plan of care included requests for an MRI of the lumbar spine with contrast to rule out a herniated nucleus pulposus, electromyography-nerve conduction velocity study of the bilateral lower extremities to rule out lumbar radiculopathy and Naproxen 550 mg # 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine with contrast: 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 requested MRI of the lumbar spine with contrast, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". Low back pain with bilateral lower radicular pain, worse in the left lower extremity. Associated symptoms included weakness, numbness and tingling. The pain was rated a 7-8 out of 10 on the visual analogue scale. There was no change in the injured workers physical examination or a functional change from the prior visit. The injured worker walked with an antalgic gait. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength nor evidence of an acute clinical change since a previous imaging study. The criteria noted above not having been met, MRI of the lumbar spine with contrast is not medically necessary.

Electromyography/Nerve Conduction Velocity 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.

Decision rationale: The requested Electromyography/Nerve Conduction Velocity bilateral lower extremities, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Low back pain with bilateral lower radicular pain, worse in the left lower extremity. Associated symptoms included weakness, numbness and tingling. The pain was rated a 7-8 out of 10 on the visual analogue scale. There was no change in the injured workers physical examination or a functional change from the prior visit. The injured worker walked with an antalgic gait. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation,

reflexes or muscle strength, nor how this testing will affect the clinical treatment plans. The criteria noted above not having been met, Electromyography/Nerve Conduction Velocity bilateral lower extremities is not medically necessary.

Naproxen 550mg quantity 60 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen 550mg quantity 60 with one refill, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, page. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Low back pain with bilateral lower radicular pain, worse in the left lower extremity. Associated symptoms included weakness, numbness and tingling. The pain was rated a 7-8 out of 10 on the visual analogue scale. There was no change in the injured workers physical examination or a functional change from the prior visit. The injured worker walked with an antalgic gait. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 550mg quantity 60 with one refill is not medically necessary.