

<b>Case Number:</b>	CM15-0199781		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/08/2009
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 51 year old female who sustained an industrial injury on 3-8-09. A review of the medical records indicates that the worker is undergoing treatment for left knee sprain with internal derangement and buckling, right knee contusion, sprain with fall and laceration when left knee buckled out, cervical sprain with spinal cord contusion and weakness with left knee buckling incident 5-27-14, and lumbar sprain with right sciatica and weakness from fall. Subjective complaints (8-21-15) include weakness in both upper extremities, lower extremities, more right than left, along with sciatica and trouble grasping. Sitting tolerance is reported as 15 minutes, standing 10 minutes, walking 15 minutes and can lift 3 pounds. It is reported that she is limited and has to get help with simple things, even light shopping. Objective findings (8-21-15) include tenderness of the right upper back-neck, positive Spurling's, pain with shoulder raise and right grip, weak right elbow flexion-extension, tenderness of low back, and sitting straight leg raise 90 degrees right increases back pain- some distal radiation. Medications are Ondansetron, Omeprazole, Vitamin C, Vitamin E, Nexium 40mg, Lidocaine patch, Albuterol, Qvar, Prednisone (with taper), Montelukast Sodium, Cyclobenzaprine and Hydrocodone-Acetaminophen 10-325mg. Previous treatment includes Cortisone injection, ankle surgery, medication, and physical therapy in progress. The requested treatment of somatosensory evoked potentials, voice transcription software, and Nexium 40mg #30 with 3 refills, was non-certified on 9-10-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Somatosensory evoked potentials: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Sensory evoked potentials (SEPs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 33.

**Decision rationale:** According to the guidelines, evoked potentials are recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients. Not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. In this case, the claimant has had EMG/NCV. There are radicular signs on exam. The injury is chronic. The evoked potential may provide some more information but there is no substantiation on how it may change outcome or treatment plan. It is an option but not a medical necessity. Therefore, the request is not medically necessary.

### **1 Voice transcription software: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 20.

**Decision rationale:** According to the guidelines, voice transcription is not considered durable medical equipment. There is also no evidence that voice transcription is more efficient and accurate than typing. There is no indication of inability to use hands. The request for voice transcription software is not medically necessary.

### **Nexium 40mg #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 116.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Nexium is not medically necessary.