

Case Number:	CM15-0023009		
Date Assigned:	02/12/2015	Date of Injury:	05/29/1986
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 injured worker is a 71-year-old female who reported an injury on 05/29/1986. The mechanism of injury was not stated. The current diagnoses include lumbago, disorders of the synovium, tendon, and bursa, degeneration of thoracic or thoracolumbar intervertebral disc, pain in a joint of the pelvic region, and insomnia. The injured worker presented on 12/03/2014 for a follow-up evaluation with complaints of persistent pain. The injured worker was utilizing Vicodin and promethazine. It was noted that the injured worker had a history of low back fusion. In addition to Vicodin and promethazine, the injured worker was also utilizing Ambien 10 mg and Fioricet. Upon examination, there was 4/5 motor weakness on the right, absent deep tendon reflexes on the right, 20 degree lumbar flexion, 0 degree extension, 30 degree lateral bending, 20 degree rotation, positive straight leg raise on the right, and mild foot drop on the right. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/08/2014 for Phenergan 25 mg, Vicodin 5 mg, and electrodiagnostic studies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCV B LE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In this case, it was noted that the injured worker had objective evidence of a positive straight leg raise on the right, abnormal reflexes, and diminished motor strength. The injured worker was pending authorization for a lumbar epidural steroid injection. The medical necessity for confirmation with electrodiagnostic studies has not been established, given that the injured worker has objective evidence of lumbar radiculopathy. There is also no mention of a recent attempt at any conservative treatment prior to the request for electrodiagnostic studies. Given the above, the request is not medically appropriate.

1 Prescription of Vicodin 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed to respond to nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has utilized the above medication since at least 07/2014 without any evidence of objective functional improvement. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.