

Case Number:	CM15-0025736		
Date Assigned:	03/20/2015	Date of Injury:	10/18/2004
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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 was a 39 year old male, who sustained an industrial injury, October 18, 2004. The injured worker previously received the following treatments therapy, pain management, home health services of activities of daily living, Oxycontin, Methadone, Topamax, Ambien, medical Marijuana and Percocet. The injured worker was diagnosed with rule out cervical disc injury, rule out lumbar disc injury, right and left shoulder subacromial bursitis and impingement, head trauma with brain damage per history and damage to dentition and pain management issues. According to progress note of January 15, 2015, the injured workers chief complaint was low back pain, cervical pain, thoracic pain, right and left shoulder pain. The injured worker rated the pain 7-8 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted tenderness of the lumbar, thoracic spine and cervical spine. There was decreased range of motion to the lumbar spine, There was decreased sensation of the C5, C6 and C7 dermatomal distributions right greater than the left. There was tenderness noted at the right shoulder anterior aspect and at the AC with positive impingement syndrome. There was tenderness of the left shoulder diffusely with positive impingement syndrome. There was notable atrophy of the deltoid musculature, right greater than the left. The treatment plan were requested on November 14, 2014 which included EMG/NCV (electromyography/nerve conduction velocity studies) of the lower extremities, interventional pain management, laboratory studies and toxicology screening and Norco for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of bilateral lower extremities: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 366, Chronic Pain Treatment Guidelines Page(s): 366. Decision based on Non-MTUS Citation ODG- low back chapter and NCV -pg 68.

Decision rationale: According to the guidelines, an EMG is indicated to clarify nerve root dysfunction. It is not indicated for clinically obvious radiculopathy. An NCV is not recommended when the patient is presumed to have radiculopathy. In this case, the claimant has decreased sensation in a dermatomal pattern consistent with radicular symptoms. There was no indication for ordering an EMG/NCV that would affect outcome, require surgery or change management. As a result, the testing is not medically necessary.

Lab panel for evaluation of the kidney, liver, and CBC function: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, anti-epileptics - pg 16 Page(s): 82-92.

Decision rationale: According to the guidelines, opioids are to be used with caution in those with liver disease. Routine monitoring is not indicated unless there is concern of liver disease or risk. In addition, the guidelines, do not comment on routine blood work while on anti-epileptics. In this case, the request for the above blood work was not associated with specific concern of disease or reasoning for testing in regards to medication or prior abnormal results. As a result, the request is not medically necessary.