

Case Number:	CM15-0033552		
Date Assigned:	02/27/2015	Date of Injury:	05/07/2002
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 49 year old female, who sustained an industrial injury on May 7, 2002. She has reported neck pain, lower back pain, and pain of the legs and feet. The diagnoses have included brachial neuritis or radiculitis, lumbar spine discogenic disease, chronic lower back pain, cervicogenic pain, and cervical spine radiculopathy. Treatment to date has included medications, home exercise, lumbar spine bracing, transcutaneous electrical nerve stimulation, steroid injections, lumbar spinal fusion and hardware removal, and imaging studies. A progress note dated January 14, 2015 indicates a chief complaint of continued neck pain and lower back pain with increased leg and foot pain. Physical examination showed lumbar spine spasms with painful and limited range of motion, bilateral lower extremity motor weakness, decreased sensation bilaterally of the lumbar spine, tenderness to palpation of the lumbar spine and plantar aspect of the feet, cervical spine spasms with painful and decreased range of motion, and cervical radiculopathy and tenderness to palpation. The treating physician is requesting an electromyogram and nerve conduction velocity studies of the bilateral lower extremities and a prescription for Duexis. On February 9, 2015 Utilization Review denied the request citing the Official Disability Guidelines. On February 23, 2015, the injured worker submitted an application for IMR of a request for electromyogram and nerve conduction velocity studies of the bilateral lower extremities and a prescription for Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800/26.6 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) pain chapter/Duexix (ibuprofen & famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs/PPIs.

Decision rationale: Duexis is a combination of Ibuprofen and Famotidine (Pepcid), indicated for rheumatoid arthritis and osteoarthritis. Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) and Famotidine is an H2 antagonist for gastrointestinal (GI) protection. Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. In this case, there is no documentation indicating a history of GI distress symptoms or specific GI risk factors. There are also other strategies recommended to prevent stomach ulcers in patients taking NSAIDs, including, over-the-counter medications such as, proton pump inhibitors (PPIs). Duexis is not recommended as a first-line drug. Medical necessity for the requested medication has not been established. The requested item is not medically necessary.

Electromyography (EMG) left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) low back pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Electromyography (EMG) Nerve Conduction Studies (NCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic testing (EMG/NCS).

Decision rationale: According to the ODG, Electromyography (EMG) and nerve conduction studies (NCS) are an extension of the physical examination. EMGs and NCSs are generally accepted, well-established and widely used for aiding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies (e.g. CTS), radiculopathies, and muscle disorders. The California MTUS/ACOEM Guidelines state that EMG and NCVs, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that NCVs (or NCSs) are recommended if the EMG is not clearly a radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes. EMG is recommended as an option (needle, not surface) to obtain unequivocal

evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if the radiculopathy is already clinically obvious. In this case, there is an inadequate differential diagnosis to justify performing the EMG of the left lower extremity. Medical necessity for the requested item has not been established. The requested studies are not medically necessary.

NCV right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Electromyography (EMG) Nerve Conduction Studies (NCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic testing (EMG/NCS).

Decision rationale: According to the ODG, Electromyography (EMG) and nerve conduction studies (NCS) are an extension of the physical examination. EMGs and NCSs are generally accepted, well-established and widely used for aiding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies (e.g. CTS), radiculopathies, and muscle disorders. The California MTUS/ACOEM Guidelines state that EMG and NCVs, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that NCVs (or NCSs) are recommended if the EMG is not clearly a radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes. There is minimal justification for performing NCS when the patient is presumed to have symptoms on the basis of radiculopathy. Based on the clinical information provided and using guidelines referenced, medical necessity for the request for NCS right lower extremity has not been established. The requested study is not medically necessary.

NCV left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Electromyography (EMG) Nerve Conduction Studies (NCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic testing (EMG/NCS).

Decision rationale: According to the ODG, Electromyography (EMG) and nerve conduction studies (NCS) are an extension of the physical examination. EMGs and NCSs are generally accepted, well-established and widely used for aiding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies (e.g. CTS), radiculopathies, and muscle disorders. The California MTUS/ACOEM Guidelines state that EMG and NCS, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further

states that NCS (or NCVS) are recommended if the EMG is not clearly a radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes. There is minimal justification for performing NCS when the patient is presumed to have symptoms on the basis of radiculopathy. Based on the clinical information provided and using guidelines referenced, medical necessity for the request for NCS left lower extremity has not been established. The requested study is not medically necessary.

Electromyography (EMG) right lower extremity: Upheld

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MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines Electromyography (EMG) Nerve Conduction Studies (NCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Electrodiagnostic testing (EMG/NCS).

Decision rationale: According to the ODG, EMG (Electromyography) and nerve conduction studies (NCS) are an extension of the physical examination. EMGs and NCSs are generally accepted, well-established and widely used for aiding in the diagnosis of peripheral nerve and muscle problems. This can include neuropathies, entrapment neuropathies (e.g. CTS), radiculopathies, and muscle disorders. The California MTUS/ACOEM Guidelines state that EMG and NCVs, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm problems, or both, lasting more than 3 to 4 weeks. The ODG further states that NCVs (or NCSs) are recommended if the EMG is not clearly a radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes. EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if the radiculopathy is already clinically obvious. In this case, there is an inadequate differential diagnosis to justify performing the EMG of the right lower extremity. Medical necessity for the requested item has not been established. The requested studies are not medically necessary.