MAXIMUS Federal Services

Case Number:	CM15-0042379		
Date Assigned:	03/26/2015	Date of Injury:	09/21/2007
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/06/2015

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: Arizona, Texas
Certification(s)/Specialty: Internal 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 57-year-old female, who sustained an industrial injury on 9/21/2007. She reported a fall, injuring her head, bilateral shoulder, back and bilateral upper and lower extremities. The injured worker was diagnosed as status post lumbar fusion (2011), sciatica and lumbago. There is no record of a recent radiology studies. Treatment to date has included surgery, physical therapy, aquatic therapy and medication management. Currently, the injured worker complains of chronic neck and low back pain with pain radiating down the bilateral lower extremities-right worse than left. In a progress note dated 1/23/2015, the treating physician is requesting electromyography (EMG) of the bilateral lower extremities and pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

Decision rationale: According to the MTUS section on chronic pain muscle relaxants (such as soma) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. In this case the Soma has been used for longer than the recommended time. Continued use is not medically necessary.

1 EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) EMG (electromyography); NCV (nerve conduction velocity).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-305.

Decision rationale: Nerve conduction study (NCS) techniques permit stimulation and recording of electrical activity from individual peripheral nerves with sufficient accuracy, reproducibility, and standardization to determine normal values, characterize abnormal findings, and correlate neurophysiologic-pathologic features. These clinical studies are used to diagnose focal and generalized disorders of peripheral nerves, aid in the differentiation of primary nerve and muscle disorders (although NCS itself evaluates nerve and not muscle), classify peripheral nerve conduction abnormalities due to axonal degeneration, demyelination, and conduction block and prognosticate regarding clinical course and efficacy of treatment. NCS should not be performed or interpreted as an isolated diagnostic study. Instead, it should be performed and interpreted at the same time as an EMG.When definitive neurologic findings on physical exam, electrodiagnostic studies, lab tests, or bone scans are present imaging may be warranted. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case the exam and history indicate radiculopathy, therefore EMG/NCS are not medically necessary.