

Case Number:	CM15-0059253		
Date Assigned:	04/03/2015	Date of Injury:	07/21/2014
Decision Date:	05/29/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/30/2015

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 (IW) is a 57 year old male who sustained an industrial injury on 07/21/2014. He reported pain. The injured worker was diagnosed as having sprain/strain other specified sites, knee and leg, contusion of back, contusion of elbow. Treatment to date has included acupuncture and oral pain medications. Currently, the injured worker complains of pain in the left elbow rate 7/10, left wrist rated 5/10, spine rated 7/10, and right knee rated 8/10. Treatment plans include oral medications, testing, physical therapy, acupuncture and topical medications. A request for authorization is submitted for : an EMG/NCS of BUE and BLE; Tramadol 50mg #60 ; Cyclo Tram Cream with 1 refill; Acupuncture treatment 1 x wk x 6 wks, Left elbow, Lumbar, and Right Knee; Physical therapy 2 x wk x 3 wks, Left elbow, Lumbar, and Right Knee. A Rationale was not provided. A request for Authorization was submitted on 02/17/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of BUE and BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, Nerve conduction studies (NCS).

Decision rationale: According to the California MTUS/ACOEM Guidelines, 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 3 or 4 weeks in the upper and lower extremities. Furthermore, the Official Disability Guidelines state nerve conduction studies (NCS) are not recommended when there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker was noted to have chronic lumbar and thoracic spine pain. However, there was lack of documentation indicating significant neurological deficits upon physical examination. Furthermore, there was lack of documentation indicating the patient has exhausted adequate conservative treatments. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The injured worker was noted to have utilized tramadol for an unspecified duration of time. However, there was lack of documentation in regard to objective functional improvement, objective decrease in pain, and evidence of monitoring for side effects and aberrant drug related behaviors. In addition, the request as submitted failed to specify a frequency. As such, the request is not medically necessary or appropriate at this time.

Cyclo Tram Cream with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not

recommended is not recommended. The compound contains a muscle relaxant, which, is not supported as there is no evidence for use as a topical product. The injured worker was noted to have utilized a topical formulation of cyclobenzaprine and tramadol cream for an unspecified duration of time. However, there was lack of documentation indicating the injured worker had failed a trial of antidepressants and anticonvulsants. Furthermore, the compound contains at least 1 drug or drug class that is not supported by the guidelines. In addition, the request as submitted failed to specify a frequency and body part for treatment. As such, the request is not medically necessary or appropriate at this time.

Physical therapy 2 x wk x 3 wks, Left elbow, Lumbar, Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

Decision rationale: According to the California MTUS Guidelines, physical medicine for patients with neuralgia, neuritis, and radiculitis are allotted 8 to 10 sessions over 4 weeks. Additional physical therapy and continued visits are contingent upon documented objective functional improvement. The injured worker was noted to have lumbar, right knee, and left elbow pain complaints. However, there was lack of physical examination findings for review. In addition, there was lack of documentation indicating a number of total completed visits to date. Furthermore, there was lack of objective functional improvement from the previously completed sessions. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Acupuncture treatment 1 x wk x 6 wks, Left elbow, Lumbar, Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California Medical Treatment Acupuncture Guidelines, frequency of sessions are 1 to 3 times a week for a maximum of 2 months. Furthermore, functional improvement needs to be documented to extend treatments. The injured worker was noted to have utilized acupuncture previously for treatment. However, there was lack of documentation indicating the number of total completed sessions and body parts utilized for treatment. Furthermore, there was lack of objective functional improvement from the previously completed sessions. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.