MAXIMUS Federal Services

Case Number:	CM14-0127073		
Date Assigned:	08/13/2014	Date of Injury:	03/18/2014
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old woman with a date of injury on March 18, 2014. She has continuous industrial trauma from her repetitive job duties. She was diagnosed with left tennis elbow, cervical spine strain/strain, left upper extremity radiculopathy and lumbar spine sprain/strain and prescribed acupuncture, physical therapy, Ibuprofen, a topical analgesic, modified duty and a functional capacity evaluation. She also states she has pain in her left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The injured worker has complaints of low back pain radiating to her left knee and lower extremity presumably due to her prolonged sitting in an ill-fitting chair. However, after receiving an ergonomic evaluation and ergonomically-fit chair, she stated she was only a little more comfortable and still had pain. Because of her symptoms, radiculopathy is

already established. The pain started after a work injury on March 18, 2014. Per the American College of Occupational and Environmental Medicine guideline, electromyography for regional knee pain is not recommended. Therefore, the requested service is not considered medically necessary.

Toprophan #30 QHS PRN, 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Pain Chapter, Medical Foods

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment

Decision rationale: Toprophan is not addressed in the Medical Treatment Utilization Guidelines or the American College of Occupational and Environmental Medicine guidelines. Toprophan is made up of valerian, tryptophan, vitamin B6, melatonin, chamomile, niacin, and inositol. This worker has chronic musculoskeletal pain with radiculopathy and there is no evidence she is deficient in vitamin B6 or niacin. Therefore, the requested service is not considered medically necessary.

NCV Bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Worker's Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The injured worker has complaints of low back pain radiating to her left knee and lower extremity presumably due to her prolonged sitting in an ill-fitting chair. However, after receiving an ergonomic evaluation and ergonomically-fit chair, she stated she was only a little more comfortable and still had pain. Because of her symptoms, radiculopathy is already established. The pain started after a work injury on March 18, 2014. Per the Medical Treatment Utilization Schedule guidelines, nerve conduction velocity studies for regional knee pain are not recommended. Therefore, the requested service is not considered medically necessary.